

FOR CHANGE OF BENEFICIARY

Dallas, Texas, _____, 19_____

I herewith surrender and return to the office of NATIONAL EDUCATORS LIFE INSURANCE COMPANY, of Dallas, Texas, Policy No. _____ and direct that the Beneficiary be changed by endorsement to _____

Relationship _____

Member's Signature.

National Educators Life Insurance Company	
DALLAS, TEXAS	
Ben Leslie Graham	
No. 1141	
Date Issued	
February 28, 1936	
Age 45	Amount \$ 1,000/00

RECEIPT FOR PAYMENT OF DEATH CLAIM

\$ _____, Texas, _____, 19_____

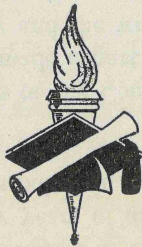
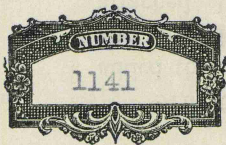
Received of NATIONAL EDUCATORS LIFE INSURANCE COMPANY

_____ DOLLARS,
in full payment of all claims under this policy, on account of the death of the within named member.

This the _____ day of _____, 19_____

Signature of Beneficiary.

STATE of TEXAS



NATIONAL EDUCATORS Life Insurance Company DALLAS, TEXAS

LEVEL RATE Group

PREMIUM \$ 18.50

Agrees to Pay to

THE BENEFICIARY INDICATED BELOW

the amount set opposite the name of any of the persons whose lives are hereby insured, which is the maximum amount of this policy, upon due proof of the death of the Insured and interest of the claimant, provided such death occurs while this policy is in force subject to the conditions of this policy and the provisions of the By-Laws of the Company or any amendments that may hereafter be adopted.

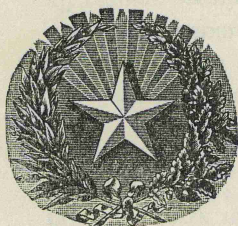
INSURED	AGE	AMOUNT	PREMIUM	BENEFICIARY
Ben Leslie Graham	45	\$1,000	\$18.50	Wife - Eddie April Graham

THIS INSURANCE is granted in consideration of the application herefor, a copy of which is attached hereto and hereby made a part of this contract, and the payment of the

sum of the first quarterly premium of FIVE and no/100 ----- DOLLARS,

and the further payment of a like amount, or its equivalent in monthly, quarterly, semi-annual, or annual payments as provided herein, on or before the 28th of each

May-August-November-February thereafter during the continuance of this Policy or until the prior death of the Insured. The warranties, conditions, benefits and privileges described on the following pages hereof are a part of this contract.



THIS IS TO CERTIFY THAT THE NATIONAL EDUCATORS LIFE INSURANCE COMPANY, DALLAS, TEXAS, HAS BEEN LICENSED BY AND OPERATES UNDER THE SUPERVISION OF THE DEPARTMENT OF INSURANCE OF THE STATE OF TEXAS, AND HAS MADE THE NECESSARY DEPOSIT REQUIRED BY LAW FOR THE PROTECTION OF ITS POLICYHOLDERS.

I Hereby Make Application for Membership and Policy in the

NATIONAL EDUCATORS LIFE INSURANCE COMPANY

Executive Office, Thomas Bldg.

DALLAS, TEXAS

Policy No. 1141

Date 2/28/36

Applicant ~~Miss~~ Ben Leslie Graham
~~Mrs.~~ Mr. (Print Name in full)

Mailing Address Route 5, Abilene, Texas
(P. O. Box—Street No. or Rural Route No.)

Date of Birth: Year 1891; Month Aug.; Day 8; Age 45
(Nearest Birthday)

Weight 170 lbs., Height 6 ft., 4½ inches. Occupation Teaching

If employed, name of employer Wylie Consolidated School Board

Are you married or single? Married Beneficiary Eddie April
(Print Name in full)

Relationship of Beneficiary Wife Address Box 142, Clyde, Texas

Have you ever been rejected or rated up for insurance? No If "yes," give name of company, date, amount and reason

Have you ever undergone a surgical operation? No When?

For what? Was recovery complete?

Have you ever been advised to have an operation? No When?

For what?

Are you now in sound health, both mentally and physically? Yes

State diseases or illnesses or accidents you now have or have had in the last five years. Give details, dates, history

None

Do you represent that the above named diseases, illnesses and accidents, if any, constitute your total illness during the past five years? Yes

Have you ever had any diseases or ailment not mentioned above? Measles 1910, influenza 1919

If so, what? above

When? above Was recovery complete? Yes How much life insurance do you carry? \$ 3200/00

What year was last policy issued? 1935 Who is your consulting physician? Dr. Bailey

Address Clyde, Texas Do you grant him permission to furnish this Company with any and all information within his knowledge as to your past and present health? Yes

Solicitor: If applicant is female, secure answers to following questions:

Are you married? Have you ever given birth to child? Are you now pregnant?

Months advanced. Amount of insurance carried by husband? \$

To whom payable?

I hereby warrant that the answers given to the above questions are true and correct, and I understand and agree that the falsity of any statement in this application shall bar the right to recover if such false statement is made with intent to deceive or materially affects either the acceptance of the risk or the hazard assumed by the Company; that this application, the by-laws and amendments thereto, and the policy issued hereon shall constitute the entire contract between me and the Company; that the Company is not bound by any verbal or written statements that are not contained in these documents. I further understand and agree that there shall be no liability on the part of the Company until an actual policy has been issued and delivered to me while in good health, and I do hereby authorize any physician or other person who has attended me to disclose any information desired by the Company.

I hereby constitute and appoint the President of the National Educators Life Insurance Company, as such, my attorney in fact, and, as such, he is hereby authorized and empowered, as my proxy, to cast my vote at any meeting of the members of said Company. This proxy shall continue in force until revoked by me, in writing by a registered letter properly stamped and addressed to the President of said Company, and mailed at least ten days before a meeting of its members.

Ben L. Graham

Name of Applicant

I, the undersigned Solicitor, hereby certify that the above answers were written by me and this application signed by the applicant in my presence; that I asked each question separately, and the answers given thereto are the answers made by the applicant.

Soliciting Agent

IN WITNESS WHEREOF, The NATIONAL EDUCATORS LIFE INSURANCE COMPANY has, by its President, executed this policy at Dallas, Texas, this 28th day of February, A. D. 19 36

R. F. Hallaway
President.

I, the undersigned herein, have carefully read this Policy and I accept it subject to the conditions above set forth.

Insured.

MISSOURI STATE LIFE INSURANCE COMPANY



HOME OFFICE
ST. LOUIS

NUMBER
550456

ENDOWMENT
at Age 85
TWENTY PREMIUMS

Non-Participating with Profit-Sharing Priv-
ilege after 20 Years; Life Income and
Waiver of Premium Disability;
Accidental Death Double
Indemnity.

\$ 1,000

INSURANCE ON THE LIFE OF

BEN L. GRAHAM.

Annual Premium \$ 33.20

DATE JANUARY 6th, 1926.

DATE ENDORSED

REGISTER OF CHANGE OF BENEFICIARY
No change, designation or declaration shall take effect until endorsed on this policy by the Company at the Home Office.

BENEFICIARY
ENDORSED BY

FOURTH PAGE

OPTIONAL METHODS OF SETTLEMENT

In lieu of the payment of the proceeds of this policy in one sum at maturity, either (1) as a death claim, (2) as an endowment, or (3) as a surrender for its cash value, the Company will make settlement in accordance with any one of the following options.

OPTION 1. Monthly Instalments for Definite Number of Years. The Company will pay equal monthly instalments for a definite number of years, the first instalment immediately upon the maturity of this policy according to the following table per thousand of proceeds so applied.

Number of Years During which Monthly Instalments are paid.....	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Amount of Monthly Instalments per 1000 of Proceeds Applied.....	84.75	43.10	29.24	22.27	18.11	15.36	13.39	11.90	10.75	9.83	9.09	8.47	7.94	7.49	7.10	6.77	6.46	6.20	5.97	5.75	5.57	5.40	5.24	5.10	4.96

OPTION 2. Monthly Instalments for Definite Number of Years Stated and So Long Thereafter as Payee May Live. The Company will pay equal monthly instalments for a definite number of years and so long thereafter as the payee may live, the first instalment immediately upon the maturity of this policy, according to the following table per thousand of proceeds so applied.

Definite Number of Years Specified	AGE OF PAYEE AT MATURITY OF POLICY																															
	15 and Under	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43			
5 years	4.00	4.02	4.03	4.05	4.07	4.09	4.11	4.13	4.15	4.17	4.20	4.22	4.25	4.28	4.30	4.33	4.37	4.42	4.46	4.51	4.56	4.62	4.68	4.74	4.80	4.87	4.95	5.02	5.11			
10 years	3.95	3.96	3.98	4.00	4.02	4.04	4.06	4.08	4.10	4.12	4.14	4.17	4.19	4.22	4.25	4.28	4.31	4.34	4.38	4.43	4.49	4.55	4.61	4.66	4.72	4.79	4.86	4.93	5.01			
15 years	3.88	3.89	3.91	3.92	3.94	3.95	3.97	3.99	4.01	4.03	4.05	4.08	4.10	4.13	4.16	4.20	4.24	4.28	4.32	4.37	4.41	4.46	4.51	4.56	4.61	4.67	4.73	4.79	4.86			
20 years	3.80	3.82	3.84	3.86	3.88	3.90	3.92	3.94	3.96	3.98	4.00	4.02	4.04	4.06	4.09	4.12	4.15	4.18	4.22	4.26	4.30	4.34	4.38	4.42	4.47	4.52	4.57	4.62	4.68			
	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58 ²	59	60	61	62	63	64	65	66	67	68	69	70	71	72 and Over			
5 years	5.19	5.29	5.38	5.49	5.60	5.72	5.85	5.98	6.13	6.29	6.45	6.62	6.80	7.00	7.21	7.43	7.66	7.90	8.16	8.44	8.73	9.04	9.36	9.69	10.05	10.42	10.80	11.19	11.59			
10 years	5.09	5.18	5.27	5.37	5.47	5.57	5.67	5.79	5.91	6.04	6.17	6.30	6.45	6.60	6.75	6.91	7.07	7.24	7.41	7.58	7.75	7.92	8.09	8.26	8.42	8.58	8.74	8.90	9.06			
15 years	4.93	5.00	5.08	5.16	5.24	5.32	5.40	5.49	5.57	5.66	5.75	5.85	5.95	6.04	6.13	6.22	6.31	6.39	6.47	6.55	6.63	6.70	6.77	6.83	6.88	6.93	6.97	7.01	7.04			
20 years	4.73	4.78	4.84	4.90	4.96	5.01	5.07	5.13	5.19	5.25	5.30	5.35	5.40	5.44	5.49	5.53	5.56	5.59	5.62	5.65	5.67	5.69	5.71	5.72	5.73	5.74	5.75	5.76	5.77			

OPTION 3. Trust Fund. The Company will hold the proceeds or a part thereof in trust, paying a guaranteed interest income thereon at the rate of three and one-half per cent per annum, the first payment of income one year after maturity and subsequent payments annually thereafter until the termination of the trust.

Insured or Beneficiary May Elect Option. If this policy is not assigned, election of an option may be made by the insured for the benefit of either the beneficiary or himself as payee hereunder, or if no such option elected by the insured is in effect at his death, then the beneficiary may elect an option for his or her own benefit as payee hereunder. The beneficiary shall not have the right to assign, nor commute unpaid instalments, nor withdraw the amount placed in trust under an option elected by the insured unless such right is expressly given at the time the option is elected.

Death of Payee. If a payee should die before the total specified number of instalments certain have been paid, unless otherwise directed in the election of the option, the remainder of such instalments will be commuted at the rate of three and one-half per cent per annum and paid in one sum to the payee's executors, administrators, or assigns. Likewise any sum held in trust under Option 3 at the death of a payee, unless otherwise directed in the election of the option, shall be paid in one sum to the executors, administrators, or assigns of such payee.

Interest Dividends. Each instalment under Option 1, each instalment certain under Option 2, and each payment of interest income under Option 3 will be increased by such dividend from interest earnings as may be apportioned by the Company.

Annual, Semi-Annual, Quarterly, or Monthly Payments. In lieu of monthly instalments under Option 1 or Option 2 the Company on request will pay equivalent annual, semi-annual, or quarterly instalments computed at the rate of three and one-half per cent per annum, and in lieu of annual interest payments under Option 3 the Company on request will make equivalent semi-annual, quarterly, or monthly interest payments.

General Conditions. Selection or revocation of any one of the foregoing options must be made in writing and shall take effect only when endorsed on the policy by the Company. In no event shall Option 1 or Option 2 be available if the amount of each instalment would be less than Ten Dollars, nor shall Option 3 be available if the proceeds of this policy shall be less than One Thousand Dollars. Option 2 cannot be selected for more than one payee nor for any payee except a natural person.

THE MISSOURI STATE LIFE

INSURANCE COMPANY

NUMBER

550456

AGE

34

Agrees to Pay

ONE THOUSAND DOLLARS

which is the face amount of this policy

to EDDIE A. GRAHAM, WIFE OF THE INSURED, AND BENEFICIARY

immediately upon receipt of due proof of the death of

BEN L. GRAHAM

the insured

prior to the SIXTH day of JANUARY 19⁷⁷, which is the end of the endowment period, or the Company will pay the face amount of the policy to the insured if he be living and the policy be in full force at the end of the endowment period.

Double Indemnity

The Company will pay double the face amount of this policy in lieu of the death settlement above provided, if death is accidental as defined in the conditions hereinafter stated.

Total and Permanent Disability

The Company will also pay to the insured a disability income of

TEN DOLLARS

per month, which is ten dollars for each one thousand of face amount, and will waive the payment of further premiums if the insured becomes totally and permanently disabled before age sixty, subject to all the terms and conditions on the following pages.

Non-Profit-Sharing With Profit-Sharing Privilege After Twenty Years

This policy is issued on the non-profit-sharing plan, but the insured shall have the privilege of exchanging it, without additional cost, for a Profit-Sharing Annual Dividend Paid-Up Endowment at Age 85 Policy for the face amount hereof on the anniversary date next following the date of the last premium payment if all premiums have been duly paid as provided herein.

Instalment or Trust Fund Privilege

As provided on the fourth page hereof the insured may have the proceeds of this policy paid in guaranteed instalments, or may leave the proceeds in trust with the Company to provide a guaranteed income. Such instalments or such income will be increased by dividends from interest earnings as apportioned by the Company.

Form 2504W

Endowment at Age 85, Twenty Premiums; Non-Participating with Profit-Sharing Privilege
after 20 Years; Life Income and Waiver of Premium Disability Benefits;
Accidental Death Double Indemnity.

HOME OFFICE ST. LOUIS, U.S.A.

DISABILITY AND DOUBLE INDEMNITY

Total and Permanent Disability Benefit

Benefits Effective. Disability benefits as provided on page one will be effective only upon receipt at the Company's Home Office, while no premium is in default, of due proof of existing total and permanent disability as hereinafter defined, provided such disability originated after this policy became effective and before its anniversary on which the insured's age at nearest birthday is sixty years. The first payment of monthly income will be made upon receipt of such proof, and subsequent payments will be made monthly thereafter during life and the continuance of such disability. The provision for waiver of premiums will apply only to premiums falling due after receipt of such proof.

Total and Permanent. Disability will be deemed to be total whenever the insured is so incapacitated by bodily injury or disease as to be wholly prevented thereby from engaging in any gainful occupation whatsoever. Disability will be considered total and permanent under this contract, (a) whenever the insured will presumably be so totally disabled for life, or (b) whenever the insured has been so totally disabled for not less than three consecutive months immediately preceding the receipt of proofs thereof. The entire and irrecoverable loss of the sight of both eyes, or of the use of both hands, or of both feet, or of one hand and one foot, will of themselves constitute total and permanent disability.

Recovery. The Company may from time to time demand due proof of the continuance of such total disability and the right to examine the person of the insured, but not oftener than once a year after such disability has continued for two full years, and upon failure to furnish such proof, or if it shall appear to the Company that the insured is able to engage in any gainful occupation, income payments shall cease and the payment of any premium thereafter falling due shall not be waived.

General. Neither disability income payments nor premiums waived will be deducted in any settlement under this policy. If disability results from insanity, income payments will be made to the beneficiary instead of the insured. Disability resulting directly or indirectly from Military or Naval service in time of war or from self

inflicted injuries or disability occurring while this policy is continued under any Non-Forfeiture Option is a risk not covered by this policy. If the insured be totally and permanently disabled hereunder the "Profit-Sharing Endowment Option" will not be available.

Disability Premium. The annual premium for the Total and Permanent Disability benefits is \$.....2.27....., and is included in the premium stated in the consideration clause. This premium for the disability benefit will not be payable on or after the anniversary of this policy on which the age of the insured at nearest birthday is sixty.

Accidental Death Double Indemnity Benefit

The Double Indemnity payable in event of the accidental death of the insured shall be due if written affirmative proof shall be furnished the Company that such death occurred during the premium paying period of this policy, and while no premium is in default, and before the anniversary date of this policy on which the insured's age at nearest birthday is sixty years, and if death result independently and exclusively of all other causes from bodily injuries effected directly from external, violent and accidental means, within ninety days from the happening of such injuries, of which, other than in the case of drowning, there shall be visible contusion or wound on the exterior of the body, except that this Double Indemnity will not be payable if the insured's death shall result from suicide, whether sane or insane, or any attempt thereat, sane or insane, or directly or indirectly, wholly or in part, from poisoning, infection, or any kind of illness or disease, or from any violation of law by the insured or from bodily injuries received while engaged in Military or Naval Service in time of war, or from participation in Aviation or Submarine operations, and provided further that if claim for any Total and Permanent Disability benefits shall be allowed, or if this policy be continued under any Non-forfeiture Option, this provision as to Double Indemnity shall be null and void.

The annual premium for the Double Indemnity Benefit is \$.....1.50....., and is included in the premium stated in the consideration clause. This premium for the Double Indemnity benefit will not be payable on or after the anniversary of this policy on which the age of the insured at nearest birthday is sixty.

NON-FORFEITURE AND POLICY LOANS

Non-Forfeiture Options. After two full years' premiums have been duly paid, then upon default in payment of any subsequent premium and at any time within the grace period following, the insured may exercise any one of the following options.

1. Surrender this policy at the Home Office of the Company for its cash value.
2. Surrender this policy at the Home Office of the Company for a paid-up endowment insurance policy for a reduced amount payable at the same time and on the same conditions as this policy.
3. Have the insurance for the face amount hereof continued as paid up term insurance reckoned from the due date of the unpaid premium; if the term of continued insurance extends to the end of the endowment period a pure endowment, if available, will be paid in cash to the insured if living on that date. If on the last day of grace this policy has not been surrendered in accordance with the provisions of Option 1 or Option 2, then Option 3 shall automatically become effective.

The values in the accompanying table are the values available for each \$1,000 of the face amount of this policy after it has been in force on a premium paying basis for the full number of years stated, provided there is no indebtedness hereon to the Company. If, after the second or any subsequent policy year, a semi-annual or one or more quarter-annual premiums are paid, the proportionate part of the current year's increase in values will be allowed.

As this policy is for \$.....1,000.....the cash values, the paid-up endowment values and the amount of pure endowment, if any, hereunder are.....one.....times the values in the table; the term of continued insurance applies to this policy without modification. Values for later years will be computed on the basis herein-after provided and will be furnished upon request.

Modification for Indebtedness. Any indebtedness hereon will be deducted from the cash value otherwise available, and will reduce the amount of paid-up insurance under Option 2, and the amount of pure endowment and the period of continued term insurance under Option 3 in the order named, to such amounts and such period respectively as may be provided by the cash value less indebtedness according to the American Experience Table of Mortality and three and one-half per cent interest.

Basis of Computation. The net value of any non-forfeiture option herein provided, if there is no indebtedness, is equal to the life insurance reserve less, during the first twenty years, a surrender charge of not more than two and one-half per cent of the face amount of the policy. The cash value is at least equal to the sum otherwise available for the purchase of continued term insurance, and pure endowment, if any. The reserve on the life insurance benefit of this policy is computed according to the American Experience Table of Mortality and three and one-half per cent interest and the preliminary term method modified on the Twenty Payment Life basis. Subject to such modification the first year's insurance hereunder is term insurance purchased by the whole or part of the first year's premium.

TABLE OF NON-FORFEITURE VALUES

After Policy has been in force	Cash Value for each \$1000. of face amount	Paid up Endowment Insurance for each \$1000. of face amount	Term of Continued Insurance for face amount and cash at end of Endowment Period if insured is then living		
			Years	Months	Cash
2 Years	\$ 15	\$ 39	1	8	\$ 0
3 Years	37	95	4	3	0
4 Years	59	149	6	11	0
5 Years	82	203	9	7	0
6 Years	107	259	12	3	0
7 Years	132	314	14	6	0
8 Years	159	370	16	8	0
9 Years	187	426	18	6	0
10 Years	215	479	20	0	0
11 Years	244	532	21	4	0
12 Years	274	585	22	6	0
13 Years	305	637	23	7	0
14 Years	337	689	24	7	0
15 Years	370	740	25	6	0
16 Years	405	792	26	8	0
17 Years	441	844	27	11	0
18 Years	478	895	29	5	0
19 Years	517	947	31	10	0
20 Years	557	FULL	PAID		

Policy Loans. At any time while this policy is in full force after two full years' premiums have been paid, the insured may borrow from the Company on the sole security of this policy, duly evidenced by endorsement hereon, and properly assigned, any sum which with (1) existing indebtedness, (2) interest in advance to the next anniversary, and (3) any premiums or instalments thereof required to complete payments to the end of the policy year then current, does not exceed the cash value at the end of said year. Interest will thereafter be payable annually in advance and any interest not paid when due will be added to the principal. The rate of interest will be six per cent per annum.

Failure to repay any loan hereon, or to pay interest will avoid this policy if the total indebtedness hereon to the Company equals or exceeds the then cash value, but not otherwise. In such event this policy will become void thirty-one days after the Company shall have mailed notice to that effect to the last known address of the insured and of the assignee of record, if any. Any indebtedness hereon will be deducted in any settlement of this policy.

MISSOURI STATE LIFE INSURANCE COMPANY

of SAINT LOUIS, MISSOURI

1. I, Ben Leslie Graham, hereby apply for a policy on my life for \$ 1000 for the benefit of Eddie A. Graham Relationship Nephew Age 30 (born on the 20 day of August, 1905), the policy to be issued on the Endowment 85-20 Plan (For Continuous Income Policies only).

Plan, Rate, premiums payable annually first year, annually thereafter, with Automatic Loan Privilege (A, B, C or D).

2. I was born at Indianapolis on the 8 day of Aug, 1891. My age nearest birthday is 34 years.

3. My residence is No. 12 Street or R. F. D. W. W. Town Abilene County Abilene State Kan. Send premium notices to Abilene (Insert "Residence" or "Business").

4. I have resided at present address 4 mo years and for three years prior at San Angelo, Tex. (City, State, Street and Number)

5. My place of Business is No. Street City or Town Caps County Abilene State Kan.

6. My occupation is Supt. Caps and School (State nature of business in detail)

7. The name and address of my employer is _____

8. I hereby request _____ (This space is for Special Requests, such as Preliminary Insurance, Issuance of Separate Policies, etc.)

9. The amount of insurance now in force on my life is \$ 1000, and the amounts issued within the last three years are as follows:

Name of Company	Kind	When Taken	Amount
<u>none</u>			

10. I do not have any application pending in any other company, except none (If there is not an application pending erase the word "except," but if an application is pending give name of company and amount)

11. I have never been declined nor postponed for insurance, nor offered a policy different from that for which I made application, except none (If there is not an exception erase the word "except," but if there is an exception give name of company and amount)

12. My acceptance of any policy issued on this application will, without further notice, constitute a ratification by me of any correction in or addition to this application made by the Company in the space provided for "Home Office Endorsements Only."

13. I have paid to the agent taking this application, cash \$ 33.00 being the first annual premium on policy applied for, (only the words "semi" or "quarter" before the word "annual" will be recorded)

14. I agree on behalf of myself and any person or persons, firm or corporation, who may have or claim any interest in any insurance issued on this application as follows:

(1) If the first premium is paid in cash at the time this application is made and this application is thereafter approved by the Company for the amount, on the plan, and in accordance with the terms of this application, the insurance will be in force from the date of such approval; and the first policy year shall, unless otherwise requested, begin with the date of such approval. (2) If the first premium is not paid in cash at the time the application is made, or if a policy different from the one described in this application is issued, the insurance shall not take effect until the first premium thereon has actually been paid to and accepted by the Company, or its duly authorized agent, and the policy delivered to and accepted by me during my life and good health; but in that event the policy shall bear the date of its issuance, and all future premiums shall become due on such policy date and all policy values and extended insurance shall be computed therefrom.

Dated at Abilene Ben Leslie Graham Signature of Applicant in full

this 22 day of Dec, 1925 Signature of Guardian if required

Witnessed by P. B. Blanks No 930342

(If Applicant is a female answer questions on back; if a minor, written consent of parent or guardian must be obtained.)

Form 2504W Rev. 2-24
Department, Missouri State Life Insurance Company, St. Louis.
The examination should be made in private. Use pen and ink. Check report for omissions. Forward p. empty.

APPLICATION PART II STATEMENTS TO MEDICAL EXAMINER.

1. Full Name of Applicant: (a) Ben L. Graham are you a Caucasian? (If not, what race?) yes
(c) Married, Single or Widowed? (If the latter, date and cause of death of wife or husband.) (c) married

2. (a) What is the amount of insurance now in force on your life? (a) \$ 1000
(b) Have any life insurance organizations ever declined or failed to issue a policy on your life or offered one different than applied for? (If yes, state name of company.) (b) no

3. (a) What is your present occupation? (Explain exact duties.) (a) School Teacher
(b) Have you any other occupation? (b) no
(c) What have been your occupations in the past? (c) same
(d) Have you ever been engaged in any way in the manufacture or sale of any alcoholic beverage? (d) no
(e) What, if any, change in occupation or residence do you contemplate? (e) none
(f) Have you changed residence or traveled to improve your health? (f) no

4. (a) Family Record

Name	Age	Health (Good or Bad)	Age at Death	Cause of Death	How Long Ill	Year of Death
Father	64	Good				
Mother	50	Good				
Brothers	3	30	4 years			
Sisters	10	26	27	epilepsy	27 years	1922

(b) Have any of your grandparents, parents, brothers, sisters or any members of your household had tuberculosis or been insane? (Give full details.) (c) no

5. Detail all illnesses, diseases, operations, accidents or injuries you have had since childhood. (Give clinical history below.)

Affection	Date	Duration	Complications	Results	Name of Medical Attendant
<u>None</u>					

6. (a) Have you ever spat up blood? (a) no
(b) Have you any disease or impairment of eyes or ears? (Full details.) (b) no
(c) Have you in the past year, gained or lost in weight? (Give number of pounds gained or lost, in what length of time, and the cause.) (c) Gained no Lost no
(d) Has any physician ever expressed an opinion that your urine contained sugar or albumen or casts? (Give details.) (d) no

7. (a) To what extent if any do you use alcoholic drinks? (Give daily or other average.) (a) no
(b) Have you been intoxicated in the last five years? (How often?) (b) no
(c) Have you ever taken treatment for the alcoholic or any drug habit? (c) no

8. Are you now in good health? If not, what is the cause? yes

I certify the above answers are full, correct and true, and agree; that all of the above shall constitute Part II of my application. I expressly waive, on behalf of myself and of any person who shall have or claim any interest in any policy issued hereunder, all provisions of law forbidding any physician or other person who has attended or examined me, or who may hereafter attend or examine me, from disclosing any knowledge or information which he thereby acquired.

Dated at Abilene State of Kan. the 22 day of Dec, 1925
Witness: W. P. Samuda M. D. Signature of Applicant Ben L. Graham (to be written in presence of Medical Examiner.)

RD PAGE

PAYMENTS

made with such agent relative to time, place, or manner of payment of premiums shall be of no effect.

Automatic Premium Loans. If the insured elects the automatic premium loan option, either in the application for this policy or subsequently in writing received at the Home Office while no premium is in default, the Company will advance any premium thereafter becoming due hereon and remaining unpaid on the last day of grace, and will charge such premium together with interest in advance to the end of the policy year at six per cent per annum as a loan against this policy; provided, however, the Company will not so advance a premium if the amount thereof, with interest, plus any outstanding indebtedness hereon to the Company, exceeds the cash value of the policy at the end of the period which such premium would cover. Any advance hereunder will be a loan subject to the conditions stated under "Policy Loans". The insured may revoke this option at any time as to premiums subsequently due, but only in writing received at the Home Office.

S AND PROVISIONS

tire contract. All statements made by the insured shall in the absence of fraud be deemed representations and not warranties, and no statement shall avoid the policy unless it is contained in the application herefor. If the age of the insured be misstated the amount payable hereunder shall be such as the premium paid would have purchased at the correct age.

After one year from date of issue, if the insured is then living and is not totally disabled, but after two years from date of issue in any event, this policy shall be incontestable except for non-payment of premiums.

In the event of self destruction, sane or insane, within one year from date of issue, the liability of the Company shall be limited to an amount equal to the premiums paid hereon.

General Provisions. This policy is payable at the Home Office of the Company in St. Louis, Missouri.

Payment of the cash value or the making of a loan, except for the purpose of paying renewal premiums hereon, may be deferred for a period not exceeding ninety days after receipt of application therefor.

Only the President, Vice-President, Secretary, Assistant Secretary, or Actuary has power in behalf of the Company to make or modify this or any contract of insurance, or to extend the time for paying any premium, and the Company shall not be bound by any promise or representation heretofore or hereafter made unless made in writing by one of said officers.

This policy is issued with the express understanding that the insured may without the consent of the beneficiary receive every benefit, exercise every right, and enjoy every privilege conferred on the insured by this policy.

This policy is issued on the non-profit sharing plan.

consideration of the application herefor and of the payment in advance of

CE AND 20/100 Dollars,

ding on the SIXTH day of JANUARY 1927.

annual premium of

CE AND 20/100 Dollars, on or before the

OF JANUARY

policy, and premiums for twenty policy years, including the first have been paid.

In Witness Whereof, The MISSOURI STATE LIFE INSURANCE COMPANY has caused this policy to

be signed this SIXTH day of JANUARY 1926.

W. P. Samuda
Secretary

McSingleton
President

W. A. Neukam
Registrar.

EXAMINED BY

W. P. Samuda

Form 2504W

PREMIUM PAYMENTS

Grace. A grace period of thirty-one days will be granted for payment of every premium after the first, during which this policy will continue in force. If death occurs during the period of grace, such unpaid premium will be deducted from the amount payable hereunder. If any premium is not actually paid when due this policy shall cease and determine, except as herein expressly provided.

Semi-Annual or Quarter-Annual Premiums. This policy is based upon the payment of premiums annually in advance, but by agreement in writing with the Company, and not otherwise, premiums may be made payable in semi-annual or quarterly instalments in accordance with the Company's published rates. Any unpaid premiums required to complete payments for the policy year in which death occurs, shall be deducted from the amount payable hereunder.

Authorized Agent. All premiums are payable either at the Home Office of the Company in St. Louis, Missouri, or to an authorized agent of the Company, upon delivery of a receipt signed by the President or Secretary and countersigned by such agent. Any agreement

made with such agent relative to time, place, or manner of payment of premiums shall be of no effect.

Automatic Premium Loans. If the insured elects the automatic premium loan option, either in the application for this policy or subsequently in writing received at the Home Office while no premium is in default, the Company will advance any premium thereafter becoming due hereon and remaining unpaid on the last day of grace, and will charge such premium together with interest in advance to the end of the policy year at six per cent per annum as a loan against this policy; provided, however, the Company will not so advance a premium if the amount thereof, with interest, plus any outstanding indebtedness hereon to the Company, exceeds the cash value of the policy at the end of the period which such premium would cover. Any advance hereunder will be a loan subject to the conditions stated under "Policy Loans". The insured may revoke this option at any time as to premiums subsequently due, but only in writing received at the Home Office.

OTHER BENEFITS AND PROVISIONS

Profit-Sharing Endowment Option. By continuing the payment of premiums provided hereunder for an additional period of 9 years, the insured may mature this policy as an endowment for ONE THOUSAND EIGHTEEN Dollars payable to the insured upon surrender of this policy on the 6th day of JANUARY 1955, if he is then living.

If this option is elected a supplementary contract will be issued by the Company and this policy will thereafter share in the profits of the Company according to the provisions on the first page hereof.

Reinstatement. At any time within five years after default in the payment of premiums, this policy may be reinstated subject to evidence of insurability satisfactory to the Company and payment of all past due premiums and payment or reinstatement of any indebtedness existing at the time of default, with interest at six per cent per annum.

Change of Beneficiary. The insured may at any time, and from time to time, subject to any assignment of this policy, change the beneficiary or beneficiaries hereunder by filing at the Home Office a written request on the Company's form therefor, accompanied by this policy, such change to take effect only when endorsed on the policy by the Company. If any beneficiary shall die before the insured, the interest of such beneficiary shall vest in the insured, unless otherwise stipulated herein.

Assignment. The Company shall not be deemed to have notice of an assignment of this policy until the original or duplicate thereof is filed at the Home Office. The Company assumes no responsibility for the validity of any assignment.

The Contract. This policy and the application herefor, a copy of which is attached hereto and made a part hereof, constitute the en-

tire contract. All statements made by the insured shall in the absence of fraud be deemed representations and not warranties, and no statement shall avoid the policy unless it is contained in the application herefor. If the age of the insured be misstated the amount payable hereunder shall be such as the premium paid would have purchased at the correct age.

After one year from date of issue, if the insured is then living and is not totally disabled, but after two years from date of issue in any event, this policy shall be incontestable except for non-payment of premiums.

In the event of self destruction, sane or insane, within one year from date of issue, the liability of the Company shall be limited to an amount equal to the premiums paid hereon.

General Provisions. This policy is payable at the Home Office of the Company in St. Louis, Missouri.

Payment of the cash value or the making of a loan, except for the purpose of paying renewal premiums hereon, may be deferred for a period not exceeding ninety days after receipt of application therefor.

Only the President, Vice-President, Secretary, Assistant Secretary, or Actuary has power in behalf of the Company to make or modify this or any contract of insurance, or to extend the time for paying any premium, and the Company shall not be bound by any promise or representation heretofore or hereafter made unless made in writing by one of said officers.

This policy is issued with the express understanding that the insured may without the consent of the beneficiary receive every benefit, exercise every right, and enjoy every privilege conferred on the insured by this policy.

This policy is issued on the non-profit sharing plan.

This Insurance is Granted in consideration of the application herefor and of the payment in advance of

THIRTY-THREE AND 20/100 Dollars,

which is the premium for the first year's insurance under this policy ending on the SIXTH day of JANUARY 1927, which is term insurance, and for the legal reserve required, if any. ***

The insurance will be continued thereafter upon the payment of the annual premium of THIRTY-THREE AND 20/100 Dollars, on or before the SIXTH DAY OF JANUARY

in every year during the continuance of this policy, until premiums for twenty policy years, including the first have been paid.

In Witness Whereof, The MISSOURI STATE LIFE INSURANCE COMPANY has caused this policy to

be signed this SIXTH day of JANUARY 1926.

H. M. [Signature]
Secretary

M. C. Singleton
President

A. [Signature]
Registrar.

EXAMINED BY

No. 150-867

PAN-AMERICAN
LIFE INSURANCE
COMPANY
NEW ORLEANS, U.S.A.

ISSUED TO

Ben Leslie Graham,

OF Abilene, Texas.

AMOUNT
INSURED \$ 1,000.00

PREMIUM \$ 41.42

DATE March 19th, 1927.

NOTICE

ALWAYS NOTIFY THE COMPANY IMMEDIATELY OF ANY CHANGE OF ADDRESS. IN ANY CORRESPONDENCE RELATING TO THIS POLICY BE PARTICULAR TO STATE THE POLICY NUMBER AND GIVE YOUR FULL NAME AND POSTOFFICE ADDRESS TO INSURE PROMPT REPLY.

REGISTER OF CHANGE OF BENEFICIARY

NOTE—No change, designation or declaration shall take effect until endorsed on this policy by the Company at the Home Office

ENDORSED BY

BENEFICIARY

DATE ENDORSED

Form 33 (10m. 2-27)

AGENTS ARE NOT AUTHORIZED TO GRANT
PERMITS, MAKE OR ALTER CONTRACTS
OR WAIVE FORFEITURES

FIRST PREMIUM RECEIPT

RECEIVED
PAN-AMERICAN LIFE INSURANCE CO.
NEW ORLEANS, U.S.A.

being the First
Forty one and 42/100
Annual

Issued on the life of Ben Leslie Graham,
said Policy in force to the 19th day of March
Premium on Policy No. 150-867 Dollars,

This receipt is not valid unless countersigned
and dated the date of payment by
E. B. Bynum, General Agent, and continuing

Paid at this day of 1928

at noon.

19 28

at noon.

Agent

Agent.

Secretary

PAN-AMERICAN LIFE INSURANCE COMPANY

NEW ORLEANS, U.S.A.

NUMBER

AMOUNT

PREMIUM

AGE

150-867

\$ 1,000.00

\$ 41.42

36 YEARS

AGREES TO PAY

TO Eddie April Graham, his Wife the Beneficiary,
(or to such other beneficiary as may be designated by the Insured as hereinafter provided, if living, otherwise to the Insured's executors, administrators or assigns)

(A) One Thousand Dollars (\$1,000.00)

upon receipt of due proofs of the death of Ben Leslie Graham, herein called the Insured,
of Abilene, , County of Taylor, , State of Texas.

(B) Or, for the accidental death of the Insured, in accordance with the provisions of the Double Indemnity clause on the third page hereof, in lieu of all other indemnity, Two Thousand Dollars (\$2,000.00)

And the Company agrees to pay to the Insured

(C) Ten and 00/100 Dollars (\$ 10.00)
per month if the Insured becomes wholly and permanently disabled before age sixty, in accordance with the provisions of the Total and Permanent Disability Benefit Clause on the second page hereof.

(D) Or, at the end of Twenty Three years, provided the full premium of
Forty One and 42/100 Dollars (\$ 41.42)

has been paid in each and every year and the Insured be then living, and upon the legal surrender of this policy, an
Endowment of One Thousand Fifty One and 00/100 Dollars (\$ 1,051.00)

which shall be in lieu of all other benefits and shall terminate this policy.

THIS POLICY SHALL BE INCONTESTABLE

after two years from the date of its issue, except as provided in the Incontestability Clause on the third page hereof.

THERE ARE NO RESTRICTIONS

as to residence, travel or occupation.

PREMIUMS

THIS POLICY IS ISSUED in consideration of the payment in advance of

Forty One and 42/100 Dollars

POLICY YEARS	ANNUAL PREMIUMS
1- 5	\$ 41.42
6-10	\$ 33.83
11-15	\$ 26.24
16-20	\$ 18.65
21-25	\$ 11.06

and may be continued in force in further consideration of the payment of an annual premium as fixed in the marginal table hereof, on or before the Nineteenth day of March in every year until Twenty-Five (25) annual premiums, including the first, shall have been paid, or until the prior death of the Insured, subject to all the Benefits, Privileges and Conditions stated in this and the following pages.



STATE OF LOUISIANA

I, The Undersigned ASSISTANT SECRETARY OF STATE, of the State of Louisiana
DO HEREBY CERTIFY THAT THE

PAN-AMERICAN LIFE INSURANCE COMPANY

invests and maintains in stipulated securities, as required by the laws of this State, its fully paid

RECEIPT OF BENEFICIARY.

Received this 1st day of April 1919 Dollars
of the Supreme Forest Woodmen Circle
in full payment of all benefits due and payable under this Certificate upon
the death of _____ in consideration
of which this Certificate is cancelled and surrendered.
In presence of _____

Witnesses:

BENEFICIARY
CERTIFICATE

NUMBER,

290928

AMOUNT,

\$1000.00

Sov. Eddie A. Graham

SUPREME FOREST

Woodmen
Circle.

A FRATERNAL
BENEFICIARY
ASSOCIATION.

IMPORTANT.

No Grove nor officer thereof, nor any officer, employee,
or agent of the Supreme Forest Woodmen Circle
has authority to waive any of the con-
ditions of this beneficiary certificate
or of the constitution and laws
of the order.

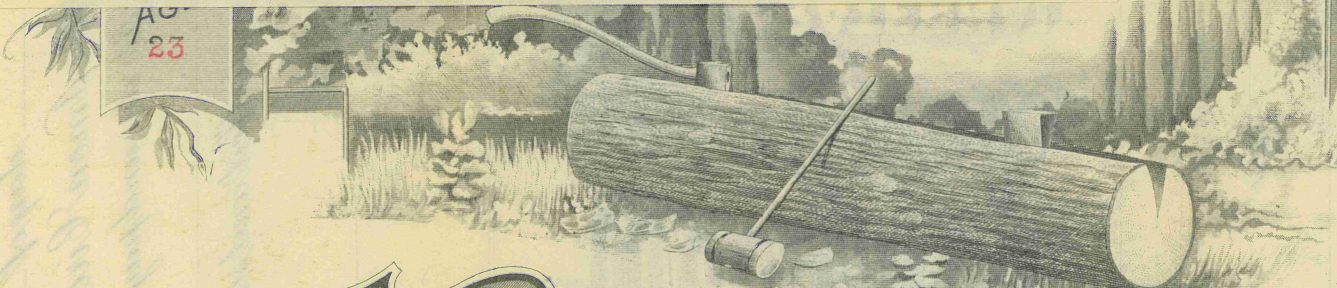
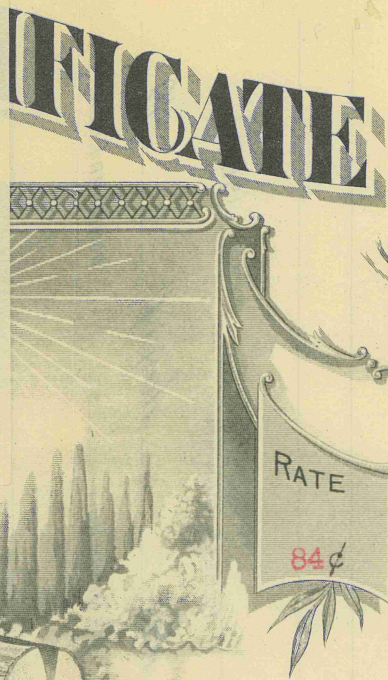
THE BEACON PRESS, OMAHA

CHANGE OF BENEFICIARY OR AMOUNT OF BENEFITS.

I _____ do whom this Certificate was issued
do hereby cancel and surrender this Certificate, and order that a new one shall
be issued and that the benefit shall be of the amount of _____
Dollars, and shall be made payable to _____
who bears relationship to myself of _____
Signed at _____ State of _____ this _____ day of _____ 19____
Clerk Grove No. _____ Woodmen Circle _____
MEMBER SIGN HERE. (SEAL)

In consideration of the monthly payment of an assessment rate of \$1.38, as provided in paragraph E, Section 30, of the Constitution and Laws of the Supreme Forest Woodmen Circle, as adopted in July, 1919, further modified by apportionment from accumulated funds, the member to whom this certificate is issued shall be protected for the full amount as shown on the face of this certificate, including \$100 as monument, old age disability benefit, and after two full years' contributions have been made at the aforesaid rate and before attaining the age of 60 years, to a total disability benefit as provided for in paragraph 7, Section 34, of the aforesaid laws.

Mary E. La Rocca Dora Alexander Talley
Supreme Guardian. Supreme Clerk.



SUPREME FOREST WOODMEN CIRCLE

THIS CERTIFICATE ISSUED IN THE AMOUNT OF \$1,000⁰⁰

by the SUPREME FOREST WOODMEN CIRCLE by its authority WITNESSETH That Sovereign
Eddie A. Graham of Grove No. 1048 State of Texas

is while in good standing a member of this Fraternity entitled to participate in its Beneficiary Fund to the amount of
THREE HUNDRED THIRTY THREE AND ³³/₁₀₀ DOLLARS should his or her death occur during the first year of membership;
FIVE HUNDRED DOLLARS should his or her death occur during the second year of membership;
SIX HUNDRED SIXTY SIX AND ⁶⁶/₁₀₀ DOLLARS should his or her death occur during the third year of membership;
ONE THOUSAND DOLLARS should his or her death occur after the third year of membership;
payable at death to B.L. Graham. Husband by this Supreme Forest Woodmen Circle.

There shall also be paid the sum of One Hundred Dollars (\$100.00) for the erection of a monument to the memory of the member as provided in the Constitution and Laws, provided, however, if the member at his death is a beneficiary member of the Woodmen of the World in good standing there shall be paid to his beneficiary or beneficiaries One Hundred Dollars, (\$100.00) as a Funeral Benefit in lieu of erecting a monument.

This Certificate is issued and accepted subject to all the conditions on the back hereof and this certificate together with the Articles of Incorporation, Constitution and Laws of the Supreme Forest Woodmen Circle and the application for membership and medical examination of the member herein named and all amendments to each thereof shall constitute the agreement between the society and the member, and copies of the same certified by the Secretary of the Society or corresponding officer, shall be received in evidence of the terms and conditions thereof, and any changes, additions or amendments to the Articles of Incorporation, Constitution or Laws duly made or enacted subsequent to the issuance of this benefit certificate shall bind the member named herein and his beneficiaries and shall govern and control the agreement in all respects the same as though such changes, additions or amendments had been made prior to and were in force at the time of the application for membership, also subject to the by laws of the Grove of which he or she is a member.

IN WITNESS WHEREOF, The Supreme Forest Woodmen Circle has caused this Certificate to be signed by its Supreme Guardian and Supreme Clerk, and the corporate seal thereof to be impressed at Omaha, Neb, this seven tenth day of December A.D. 1917

Emma B. Manchester
SUPREME GUARDIAN.

Dora Alexander
SUPREME CLERK.

All payments required have been made and the Sovereign has been introduced as a member of this Grove, signed this 7 day of January A.D. 1918

Abbie Garratt

Champion

CLERK

Grove No. 1048 State of Texas.

GUARDIAN

I have read the above Certificate of The Supreme Forest Woodmen Circle, and the conditions therein and hereby agree to and accept the same as a member of Grove No. 1048

State of Texas this 5 day of January 1918

and warrant that I am in good health at this time and have complied with all the requirements of Section 43 and agree to Section 44 of the Constitution and Laws of the Order.

Thereby waive all benefits under my Certificate and agree that it shall be absolutely null and void and that the Society shall not be liable on it, if I should die within twelve (12) months from the date my certificate becomes operative, from either Tuberculosis or Cancer; provided that, in case of my death from Tuberculosis or Cancer, within the time herein stated, the Society shall pay to my beneficiary or beneficiaries the amount of all monthly assessments contributed by me, which shall be the full measure of all liability.

I expressly agree that if I am now pregnant or shall be pregnant on the date I accept a beneficiary certificate, I will and do hereby release the Supreme Forest Woodmen Circle from all liability either for myself or for my beneficiary or beneficiaries, if my death should occur, either directly or indirectly, as a result of such pregnant condition.

WITNESS:

Abbie Garratt

Eddie A. Graham

MEMBER SIGN HERE

BENEFICIARY CERTIFICATE



SUPREME FOREST WOODMEN CIRCLE

THIS CERTIFICATE ISSUED IN THE AMOUNT OF \$1,000⁰⁰

by the SUPREME FOREST WOODMEN CIRCLE by its authority WITNESSETH That Sovereign
Eddie A. Graham of Grove No. 1048 State of Texas

is while in good standing a member of this Fraternity entitled to participate in its Beneficiary Fund to the amount of
THREE HUNDRED THIRTY THREE AND ³³/₁₀₀ DOLLARS should his or her death occur during the first year of membership;
FIVE HUNDRED DOLLARS should his or her death occur during the second year of membership;
SIX HUNDRED SIXTY SIX AND ⁶⁶/₁₀₀ DOLLARS should his or her death occur during the third year of membership;
ONE THOUSAND DOLLARS should his or her death occur after the third year of membership;
payable at death to B.L. Graham.

bearing relationship of Husband by this Supreme Forest Woodmen Circle.

There shall also be paid the sum of One Hundred Dollars (\$100.00) for the erection of a monument to the memory of the member as provided in the Constitution and Laws, provided, however, if the member at his death is a beneficiary member of the Woodmen of the World in good standing there shall be paid to his beneficiary or beneficiaries One Hundred Dollars, (\$100.00) as a Funeral Benefit in lieu of erecting a monument.

This Certificate is issued and accepted subject to all the conditions on the back hereof and this certificate together with the Articles of Incorporation, Constitution and Laws of the Supreme Forest Woodmen Circle and the application for membership and medical examination of the member herein named and all amendments to each thereof shall constitute the agreement between the society and the member, and copies of the same certified by the Secretary of the Society or corresponding officer, shall be received in evidence of the terms and conditions thereof, and any changes, additions or amendments to the Articles of Incorporation, Constitution or Laws duly made or enacted subsequent to the issuance of this benefit certificate shall bind the member named herein and his beneficiaries and shall govern and control the agreement in all respects the same as though such changes, additions or amendments had been made prior to and were in force at the time of the application for membership, also subject to the by laws of the Grove of which he or she is a member.

IN WITNESS WHEREOF, The Supreme Forest Woodmen Circle, has caused this Certificate to be signed by its Supreme Guardian and Supreme Clerk, and the corporate seal thereof to be impressed at Omaha, Neb., this seven tenth day of December A.D. 1917

Emma B. Manchester
SUPREME GUARDIAN.

Dora Alexander
SUPREME CLERK.

All payments required have been made and the Sovereign has been introduced as a member of this Grove, signed this 7 day of January A.D. 1918

Abbie Garratt

Champion

CLERK

Grove No. 1048 State of Texas.

GUARDIAN

I have read the above Certificate of The Supreme Forest Woodmen Circle, and the conditions thereon and hereby agree to and accept the same as a member of Grove No. 1048

State of Texas this 5 day of January 1918

and warrant that I am in good health at this time and have complied with all the requirements of Section 43 and agree to Section 44 of the Constitution and Laws of the Order.

Thereby waive all benefits under my Certificate and agree that it shall be absolutely null and void and that the Society shall not be liable on it, if I should die within twelve (12) months from the date my certificate becomes operative, from either Tuberculosis or Cancer; provided that, in case of my death from Tuberculosis or Cancer, within the time herein stated, the Society shall pay to my beneficiary or beneficiaries the amount of all monthly assessments contributed by me, which shall be the full measure of all liability.

I expressly agree that if I am now pregnant or shall be pregnant on the date I accept a beneficiary certificate, I will and do hereby release the Supreme Forest Woodmen Circle from all liability either for myself or for my beneficiary or beneficiaries, if my death should occur, either directly or indirectly, as a result of such pregnant condition.

WITNESS:

Abbie Garratt

Eddie A. Graham

MEMBER SIGN HERE

Conditions referred to and made a part of this Certificate.

First.—This certificate is issued in consideration of the representations, warranties and agreements made by the person named herein, in his or her application to become a member, and in consideration of the payment made when introduced in prescribed form, also his or her agreements to pay all assessments and dues that may be levied during the time he or she shall remain a member of the Supreme Forest Woodmen Circle,

Second.—In case of the death of a beneficiary member in good standing, within one year after the date of his or her certificate, one-third only of the amount of such certificate shall be paid; should death occur during the second year after the date of such certificate, one-half only of the amount thereof shall be paid; should death occur during the third year after the date of such certificate, two-thirds only of the amount thereof shall be paid; should death occur after three years from the date of his or her certificate, the full amount of the face thereof shall be paid; provided, however, that the payment of such certificate or any part thereof shall be based upon one assessment on the entire beneficiary membership of this Order in good standing, the full amount, when paid, in no case to exceed the amount of one such assessment; nor shall any portion so paid be in excess of a like proportion of a single assessment on the entire beneficiary membership at that time.

Third.—If the admission fees, dues or Supreme Forest Fund assessments levied against the person named in this certificate shall not be paid to the Clerk of the Grove, as required by the Constitution and Laws of the Order, this certificate shall be null and void, and continue so until payment is made in accordance therewith.

Fourth.—The liability of the Supreme Forest Woodmen Circle, for the payment of benefits under this certificate shall not begin until the member named herein shall have paid all the entrance fees, paid one Supreme Forest Fund assessment, the Grove General Fund dues for the month, paid the physician's fee for medical examination, been obligated or introduced by a Grove or authorized deputy in due form and had delivered to him or her in person this beneficiary certificate while in good health. The foregoing provisions are hereby made a part of the consideration for and are conditions precedent to the payment of benefits under this certificate.

Fifth.—If the member holding this certificate shall be convicted of a felony, or shall be expelled from the Order, or become so far intemperate or use opiates, cocaine or chloral or other narcotics or poisons to such an extent as to impair his or her health, or to produce delirium tremens, or should die in consequence of a duel or while engaged in war except in defense of his own country, or by his or her own hand or act whether sane or insane, or by the hand of the beneficiary or beneficiaries named herein, except by accident, or by the hands of justice, or from disease resulting from his or her own vicious, intemperate or immoral habits or acts, or in consequence of the violation or attempted violation of the laws of the State or of the United States, or of any other province or nation, or if any of the statements or declarations in the application for membership, upon the faith of which this certificate was issued, shall be found in any respect untrue, this certificate shall be null and void and of no effect, and all moneys which shall have been paid and all rights and benefits which may have accrued on account of this certificate shall be absolutely forfeited without notice or service.

Sixth.—When any member of this Order in good standing shall have reached the age of seventy years and shall have become totally permanently physically disabled by reason of old age, on application therefor and satisfactory proof thereof being furnished to the Supreme Guardian and Supreme Clerk, there shall be paid to said member from the Beneficiary Fund an amount equal to ten per cent of that which would be due under the provisions of his or her certificate if he or she were dead, and at the end of each year thereafter, during his or her lifetime a like amount shall be paid to him or her for nine consecutive years, provided, that the certificate carried by him or her shall be in a sum not less than Five Hundred Dollars (\$500.00). In the event he or she dies before receiving the ten payments above provided, the amount remaining unpaid on said certificate shall be paid to the beneficiary; provided, no sum shall be paid to said member unless he or she execute a release to the Supreme Forest Woodmen Circle, for the portion thereof so paid.

Provided, further, that the payment of such certificate or any part thereof shall be based upon one assessment on the entire beneficiary membership of this Order in good standing, nor shall any portion so paid be in excess of a like proportion of a single assessment on the entire beneficiary membership at that time.

Seventh.—No legal proceedings for recovery under this certificate shall be brought within ninety days after the receipt of proof of death by the Supreme Clerk, and no suit shall be brought upon this certificate unless said suit is commenced within one year from the date of death.

**THE KANSAS LIFE
INSURANCE COMPANY**
TOPEKA

23,619

KATIE RUTH MARGUERITE GRAHAM

\$ 1,000.00

JUNE 14, 1927

Notify Company of Change of Address

Renewal premiums may be paid annually, semi-annually or quarterly in advance at the option of the insured as follows:

ANNUAL RATE	SEMI-ANNUAL RATE	QUARTERLY RATE
\$ 25.23	\$ 13.12	\$ 6.69

FORM 222-11-26-75C

Beneficiary

Endorsed By

REGISTER OF CHANGE OF BENEFICIARY

NOTE.—No change of Beneficiary shall take effect unless endorsed on this Policy by the Company at its Home Office.

RECEIVED OF The Kansas Life Insurance Company
OF TOPEKA, KANSAS

DOLLARS

the sum of _____
in full payment and satisfaction of all claims whatsoever under the within policy.

IN CONSIDERATION of which payment we hereby forever release the said Company from all liability to us, our heirs or assigns, under the said policy.

WITNESS our hands and seals at

61

Signed in the Presence of

[L. 5.]

[L. S.]

Witness

INSTALMENT BENEFITS.

The Insured may change the mode of payment of this policy, if it is not assigned, from payment in one sum, as herein provided, to payment by instalments, under one of the options stated below:

The following tables are based on a policy the proceeds of which are \$1,000, and will apply pro rata to the amount payable under this policy, provided the amount is not less than \$1,000; if the amount is less than \$1,000, these Instalment Benefits shall not apply, but this policy will be payable in one sum only:

Option 1. Limited Instalments.

Instalments limited to the number of years stated below; any number from two to twenty-five may be selected by the Insured.

Number of Years Instalments will be paid - - -	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	*20	21	22	23	24	25
Amount of Each Annual Instalment per \$1,000 -	\$509	\$345	\$263	\$214	\$181	\$158	\$141	\$127	\$116	\$107	\$100	\$94	\$88	\$84	\$80	\$76	\$73	\$70	\$68	\$66	\$64	\$62	\$60	\$59
Amount of Each Monthly Instalment per \$1,000 -	43.01	29.15	22.22	18.08	15.29	13.35	11.91	10.73	9.80	9.04	8.45	7.94	7.44	7.10	6.76	6.42	6.17	5.92	5.75	5.58	5.41	5.24	5.07	4.99

*Illustration.—If instalments are to be paid for 20 years, the amount of each annual instalment will be \$68.00 for each \$1,000 of insurance, or, the amount of each monthly instalment (if that method of payment is selected) will be \$5.75 for each \$1,000 of Insurance.

Option 2. Special Plan—Limited Instalments.

Twenty annual instalments of \$50.00 each, or 240 monthly instalments of \$4.23 each, and \$525 at the end of 20 years for each \$1,000 of insurance.

Option 3. Continuous Instalments.

Instalments to be paid for at least twenty years, but TO CONTINUE DURING THE ENTIRE LIFE TIME OF Beneficiary.

(Continuous Instalments can not be selected if the Beneficiary be a Corporation, Company, or Partnership, or if there is more than one Beneficiary under this policy.)

Age Last Birthday of Beneficiary at Death of Insured	16 and under	17 to 21	22 to 24	25 to 27	28 to 30	31 and 32	33 and 34	*35 and 36	37 and 38	39 and 40	41 and 42	43	44 and 45	46	47 and 48	49	50 and 51	52	53 and 54	55 and 56	57	58 and 59	60 and over
Amount Each Annual Instalment per \$1,000 - - - - -	\$44	\$45	\$46	\$47	\$48	\$49	\$50	\$51	\$52	\$53	\$54	\$55	\$56	\$57	\$58	\$59	\$60	\$61	\$62	\$63	\$64	\$65	\$66
Amount Each Monthly Instalment per \$1,000 - - - - -	3.72	3.80	3.89	3.97	4.06	4.14	4.23	4.31	4.39	4.48	4.56	4.65	4.73	4.82	4.90	4.99	5.07	5.15	5.24	5.32	5.41	5.49	5.58

*Illustration.—If at the death of the Insured the Beneficiary should be 35 years of age last birthday, the amount of each annual instalment will be \$51.00 (or the amount of each monthly instalment will be \$4.31) for each \$1,000 of insurance, payable during the entire lifetime of the Beneficiary, but if the Beneficiary should die before instalments for 20 years shall have been paid, the remainder of the 20 years' instalments will continue to be paid to the executors, administrators or assigns of the Beneficiary.

The Insured may subsequently change his selection under these instalment benefits; he may also revoke all selections, thereby making this policy again payable in one sum.

No selection, change or revocation shall take effect until endorsed on this policy by the Company. After endorsement this policy will be returned to the Insured.

The payment of the first instalment shall be made immediately upon receipt and approval of proofs of the death of the Insured, and subsequent instalments shall be paid on the same day in each month or year thereafter.

The Beneficiary can neither assign nor commute unpaid instalments unless such right is given by the Insured to the Beneficiary when payment by instalments is directed.

Note.—Under any instalment benefit, annual instalments of \$100 and over may be taken in equivalent semi-annual, quarterly or monthly payments. The equivalent of each \$100 of annual instalment is \$50.40 paid semi-annually, \$25.30 paid quarterly, or \$8.45 paid monthly.



THE KANSAS LIFE
INSURANCE COMPANY
TOPEKA

THE KANSAS LIFE INSURANCE COMPANY

AGREES TO PAY

FACE AMOUNT ***** ONE THOUSAND ***** DOLLARS,
(the face of this policy) upon receipt of due proof of the death of

INSURED *** KATIE RUTH MARGUERITE GRAHAM ***
the Insured, to

BENEFICIARY ***** EDDIE APRIL GRAHAM, MOTHER OF THE INSURED *****
Beneficiary (with right on the part of the Insured to change the beneficiary).

CHANGE OF BENEFICIARY

The Insured may, from time to time, change any designated Beneficiary provided this policy is not then assigned. Every change must be made by notice to the Company at its Home Office, on blanks furnished by the Company, and accompanied by this policy for endorsement of the change thereon by the Company; and the change shall not take effect unless the notice is made in the manner required by the Company nor unless the policy is so endorsed. After such endorsement the change shall relate back to and take effect as of the date the Insured signed such written notice of change whether the Insured be living at the time of such endorsement or not, but without prejudice to the Company on account of any payment made by it before such endorsement. In the event of the death of any Beneficiary before the Insured, the interest of such Beneficiary shall vest in the Insured.

STATE OF KANSAS INSURANCE DEPARTMENT

I Hereby Certify that this policy is registered in this Department and is secured by a deposit of bonds, mortgages on real estate, or other securities authorized by law, with the Treasurer of the State of Kansas, in an amount equal to the full legal reserve.

Assistant Superintendent

Superintendent of Insurance

Topeka, Kansas, JUN 14 1927

AGE 12

CASH LOANS.

At any time after three full years' premiums shall have been paid, and while this policy is in full force, the Company will loan upon the execution of a proper loan agreement and assignment of this policy, and on the sole security thereof, an amount which, with any existing indebtedness including any unpaid portion of the premium for the current policy year, shall not exceed the cash value at the end of such policy year; the policy must be deposited with the Company or the amount of the loan endorsed hereon by the Company; interest shall be at a rate not greater than 6 per cent per annum, payable in advance to the end of the current policy year and annually in advance thereafter; if interest is not paid when due it shall be added to the principal and bear interest at the same rate. Failure to repay any loan or interest thereon shall not void this policy until the total indebtedness to the Company hereon shall equal or exceed the loan value hereof, but if, at any time, such indebtedness, together with accrued interest thereon, shall equal or exceed the then loan value of the policy, the policy shall become void one month after notice shall have been mailed to the last known address of the Insured and of the assignee of record, if any.

SURRENDER VALUES.

After three full years' premiums shall have been paid, the owner at any time within three months after any default, but not later, may surrender this policy:

(a) For its cash surrender value less any indebtedness to the Company hereon, or

(b) For paid-up insurance payable at the same time and under the same conditions as the face amount of this policy, or

(c) If the policy be not surrendered as above, the face amount less any indebtedness shall automatically continue as term insurance for such a term as is hereinafter provided, but without the right to loan or surrender values.

BASIS OF VALUES

The cash surrender value shall equal the reserve hereon at date of default, less not more than 2½ per cent of the face amount of this policy. The reserve shall be computed upon the American Experience Table of Mortality with interest at 3½ per cent per annum according to the preliminary term method of valuation.

The amount of paid-up insurance, or the term for which the insurance will be continued, shall be such as the Cash Surrender Value less any indebtedness to the Company hereon will purchase as a net single premium at the attained age of the Insured at date of default, according to the above named table of mortality and interest rate, fractions of a month and fractions of a dollar of insurance omitted.

End of Years	Cash or Loan Value	Paid-Up Life Insurance	Continued Term Insurance	
			Years	Months
3	25 00	94 00	3	6
4	39 00	145 00	5	9
5	53 00	194 00	8	1
6	68 00	245 00	10	9
7	83 00	295 00	13	8
8	99 00	347 00	17	1
9	115 00	397 00	20	7
10	133 00	452 00	24	9
11	151 00	505 00	28	9
12	169 00	556 00	32	2
13	189 00	612 00	35	6
14	209 00	665 00	38	2
15	230 00	719 00	40	7
16	252 00	775 00	42	9
17	275 00	830 00	45	0
18	299 00	887 00	47	6
19	323 00	940 00	50	6
20	349 00	1000 00	PAID	- UP

The values in this table are computed on the assumption that all premiums due prior to the end of the years designated have been fully paid, and that there is no indebtedness to the Company hereon. The surrender charge, if any, has been deducted. Values after 20 years will be equivalent to the entire reserve and will be furnished upon request.

INCONTESTABILITY.

This policy shall be incontestable after one year from date of issue, except for the non-payment of premiums or violation of its terms as to military or naval service in time of war, and except as to provisions and conditions relating to disability benefits and those granting additional insurance specifically against death by accident, if any.

MILITARY OR NAVAL SERVICE.

In case of the death of the Insured while engaged in military or naval service in time of war without having obtained a written permit from the Company and paying the extra premium charged therefor, the liability of the Company shall be limited to the reserve hereon at the date of the death of the Insured.

GRACE IN PAYMENT OF PREMIUMS.

A grace of thirty-one days (without interest charge) will be allowed for the payment of renewal premiums, during which period the policy will remain in force.

RENEWAL PREMIUMS.

Renewal premiums may be paid annually, semi-annually or quarterly as provided on the last page hereof. Premiums must be paid in advance at the Home Office of the Company in Topeka, Kansas, or to a designated collector, but in any case only in exchange for the Company's receipt therefor signed by the President or Secretary and countersigned by such collector. Failure to pay when due any premium or any note given therefor, shall cause this policy to cease and determine except as herein provided, and all payments made thereon shall remain the property of the Company.

REINSTATEMENT.

This policy may be reinstated (unless previously surrendered) at any time after default in the payment of any premium, upon furnishing evidence of insurability satisfactory to the Company and the payment of all past due premiums with interest at not exceeding 6 per cent per annum and the payment or reinstatement with interest at a like rate of any indebtedness to the Company hereon.

INSTALMENT PRIVILEGE.

The Insured may change the mode of payment of this policy from payment in one sum to payment by instalments as provided on the last page hereof.

EXCHANGE

This policy, while in full force, if properly surrendered to the Company, may be exchanged on any anniversary without medical examination and as of age of entry for any other form of policy then written and not involving any other life, provided the actual insurance liability of the Company shall not be increased nor the rate of premium diminished thereby. The difference between the reserves upon the respective policies shall be paid to the Company at the time of exchange.

GUARANTEED PREMIUM REDUCTION COUPONS

While this policy is kept in force by the payment of premiums in cash the owner may select one of the following options:

Option 1. Surrender any matured coupon to the Company on any premium due date in reduction of the premium then due; or

Option 2. Surrender any matured coupon to the Company for its cash value; or

Option 3. Pay premiums in full each year for **FIFTEEN YEARS**, at the end of which period, if no coupons shall have been surrendered as above, if there is no indebtedness to the Company hereon, upon surrender of all coupons to the Company, this policy will be paid-up for its face amount; or

Option 4. Pay premiums in full each year for **THIRTY-TWO** years, at the end of which period, if no coupons shall have been surrendered as above, if there is no indebtedness to the Company hereon, upon surrender of this policy and all coupons to the Company, the Company will pay in cash \$ **1,045.00**

Unused due coupons shall be payable on presentation together with compound interest at the rate of 3½% per annum for each full year after due dates thereof; or in event of the death of the insured, said amount shall be payable to the beneficiary or beneficiaries hereunder.

Guaranteed Options of Settlement at End of 20 Years

If all premiums on this policy shall have been paid in full each year for 20 years and if no coupons have been previously surrendered, if there is no indebtedness to the Company hereon, the Insured may upon legal surrender of this policy and all coupons to the Company, select one of the following options:

Option 1. Receive a Paid-up Life Policy for \$ **1,412.00** subject to evidence of insurability satisfactory to the Company; or

Option 2. Receive in cash, upon surrender of this Policy,\$ **493.44** ; or

Option 3. Receive a Paid-up Life Policy for \$ **1,000.00** and receive in cash,\$ **144.44**

ACCUMULATED VALUE OF COUPONS*	
At End of Years	Accumulated Value
2	3 83
3	8 00
4	12 53
5	17 35
6	22 68
7	28 33
8	34 40
9	40 88
10	47 80
11	55 17
12	62 99
13	71 31
14	80 11
15	89 47
16	99 30
17	109 71
18	120 69
19	132 26
20	144 44

* If all amounts are left with the company to accumulate at compound interest.

OPTION 2A Surrender any coupon to the Company within thirty days after its maturity for a paid-up addition to this policy (in which event the cash value of this policy will be increased by the full reserve on such paid-up addition); or

HALL - TOPEKA

ON OR AFTER **JUNE 14, 1946**
THE KANSAS LIFE INSURANCE COMPANY
 OF TOPEKA, KANSAS

Will pay to the order of Insured under its **Policy No. 23,619** or to the order of the assignee if assigned
THE SUM MENTIONED BELOW
 subject to the provisions of said policy, and provided premiums for the policy year beginning on said date shall have been paid in full.

\$ **7.30** *J. W. Edmunds* PRESIDENT

ON OR AFTER **JUNE 14, 1945**
THE KANSAS LIFE INSURANCE COMPANY
 OF TOPEKA, KANSAS

Will pay to the order of Insured under its **Policy No. 23,619** or to the order of the assignee if assigned
THE SUM MENTIONED BELOW
 subject to the provisions of said policy, and provided premiums for the policy year beginning on said date shall have been paid in full.

\$ **7.10** *J. W. Edmunds* PRESIDENT

ON OR AFTER **JUNE 14, 1944**
THE KANSAS LIFE INSURANCE COMPANY
 OF TOPEKA, KANSAS

Will pay to the order of Insured under its **Policy No. 23,619** or to the order of the assignee if assigned
THE SUM MENTIONED BELOW
 subject to the provisions of said policy, and provided premiums for the policy year beginning on said date shall have been paid in full.

\$ **6.90** *J. W. Edmunds* PRESIDENT

ON OR AFTER **JUNE 14, 1943**
THE KANSAS LIFE INSURANCE COMPANY
 OF TOPEKA, KANSAS

Will pay to the order of Insured under its **Policy No. 23,619** or to the order of the assignee if assigned
THE SUM MENTIONED BELOW
 subject to the provisions of said policy, and provided premiums for the policy year beginning on said date shall have been paid in full.

\$ **6.70** *J. W. Edmunds* PRESIDENT

ON OR AFTER **JUNE 14, 1942**
THE KANSAS LIFE INSURANCE COMPANY
 OF TOPEKA, KANSAS

Will pay to the order of Insured under its **Policy No. 23,619** or to the order of the assignee if assigned
THE SUM MENTIONED BELOW
 subject to the provisions of said policy, and provided premiums for the policy year beginning on said date shall have been paid in full.

\$ **6.50** *J. W. Edmunds* PRESIDENT

ON OR AFTER **JUNE 14, 1941**
THE KANSAS LIFE INSURANCE COMPANY
 OF TOPEKA, KANSAS

Will pay to the order of Insured under its **Policy No. 23,619** or to the order of the assignee if assigned
THE SUM MENTIONED BELOW
 subject to the provisions of said policy, and provided premiums for the policy year beginning on said date shall have been paid in full.

\$ **6.30** *J. W. Edmunds* PRESIDENT

ON OR AFTER **JUNE 14, 1940**
THE KANSAS LIFE INSURANCE COMPANY
 OF TOPEKA, KANSAS

Will pay to the order of Insured under its **Policy No. 23,619** or to the order of the assignee if assigned
THE SUM MENTIONED BELOW
 subject to the provisions of said policy, and provided premiums for the policy year beginning on said date shall have been paid in full.

\$ **6.10** *J. W. Edmunds* PRESIDENT

ON OR AFTER **JUNE 14, 1939**
THE KANSAS LIFE INSURANCE COMPANY
 OF TOPEKA, KANSAS

Will pay to the order of Insured under its **Policy No. 23,619** or to the order of the assignee if assigned
THE SUM MENTIONED BELOW
 subject to the provisions of said policy, and provided premiums for the policy year beginning on said date shall have been paid in full.

\$ **5.90** *J. W. Edmunds* PRESIDENT

ON OR AFTER **JUNE 14, 1938**
THE KANSAS LIFE INSURANCE COMPANY
 OF TOPEKA, KANSAS

Will pay to the order of Insured under its **Policy No. 23,619** or to the order of the assignee if assigned
THE SUM MENTIONED BELOW
 subject to the provisions of said policy, and provided premiums for the policy year beginning on said date shall have been paid in full.

\$ **5.70** *J. W. Edmunds* PRESIDENT

ON OR AFTER **JUNE 14, 1937**
THE KANSAS LIFE INSURANCE COMPANY
 OF TOPEKA, KANSAS

Will pay to the order of Insured under its **Policy No. 23,619** or to the order of the assignee if assigned
THE SUM MENTIONED BELOW
 subject to the provisions of said policy, and provided premiums for the policy year beginning on said date shall have been paid in full.

\$ **5.50** *J. W. Edmunds* PRESIDENT

ON OR AFTER **JUNE 14, 1936**
THE KANSAS LIFE INSURANCE COMPANY
 OF TOPEKA, KANSAS

Will pay to the order of Insured under its **Policy No. 23,619** or to the order of the assignee if assigned
THE SUM MENTIONED BELOW
 subject to the provisions of said policy, and provided premiums for the policy year beginning on said date shall have been paid in full.

\$ **5.30** *J. W. Edmunds* PRESIDENT

ON OR AFTER **JUNE 14, 1935**
THE KANSAS LIFE INSURANCE COMPANY
 OF TOPEKA, KANSAS

Will pay to the order of Insured under its **Policy No. 23,619** or to the order of the assignee if assigned
THE SUM MENTIONED BELOW
 subject to the provisions of said policy, and provided premiums for the policy year beginning on said date shall have been paid in full.

\$ **5.10** *J. W. Edmunds* PRESIDENT

ON OR AFTER **JUNE 14, 1934**
THE KANSAS LIFE INSURANCE COMPANY
 OF TOPEKA, KANSAS

Will pay to the order of Insured under its **Policy No. 23,619** or to the order of the assignee if assigned
THE SUM MENTIONED BELOW
 subject to the provisions of said policy, and provided premiums for the policy year beginning on said date shall have been paid in full.

\$ **4.90** *J. W. Edmunds* PRESIDENT

ON OR AFTER **JUNE 14, 1933**
THE KANSAS LIFE INSURANCE COMPANY
 OF TOPEKA, KANSAS

Will pay to the order of Insured under its **Policy No. 23,619** or to the order of the assignee if assigned
THE SUM MENTIONED BELOW
 subject to the provisions of said policy, and provided premiums for the policy year beginning on said date shall have been paid in full.

\$ **4.70** *J. W. Edmunds* PRESIDENT

ON OR AFTER **JUNE 14, 1932**
THE KANSAS LIFE INSURANCE COMPANY
 OF TOPEKA, KANSAS

Will pay to the order of Insured under its **Policy No. 23,619** or to the order of the assignee if assigned
THE SUM MENTIONED BELOW
 subject to the provisions of said policy, and provided premiums for the policy year beginning on said date shall have been paid in full.

\$ **4.50** *J. W. Edmunds* PRESIDENT

ON OR AFTER **JUNE 14, 1931**
THE KANSAS LIFE INSURANCE COMPANY
 OF TOPEKA, KANSAS

Will pay to the order of Insured under its **Policy No. 23,619** or to the order of the assignee if assigned
THE SUM MENTIONED BELOW
 subject to the provisions of said policy, and provided premiums for the policy year beginning on said date shall have been paid in full.

\$ **4.30** *J. W. Edmunds* PRESIDENT

ON OR AFTER **JUNE 14, 1930**
THE KANSAS LIFE INSURANCE COMPANY
 OF TOPEKA, KANSAS

Will pay to the order of Insured under its **Policy No. 23,619** or to the order of the assignee if assigned
THE SUM MENTIONED BELOW
 subject to the provisions of said policy, and provided premiums for the policy year beginning on said date shall have been paid in full.

\$ **4.10** *J. W. Edmunds* PRESIDENT

ON OR AFTER **JUNE 14, 1929**
THE KANSAS LIFE INSURANCE COMPANY
 OF TOPEKA, KANSAS

Will pay to the order of Insured under its **Policy No. 23,619** or to the order of the assignee if assigned
THE SUM MENTIONED BELOW
 subject to the provisions of said policy, and provided premiums for the policy year beginning on said date shall have been paid in full.

\$ **3.90** *J. W. Edmunds* PRESIDENT

ON OR AFTER **JUNE 14, 1928**
THE KANSAS LIFE INSURANCE COMPANY
 OF TOPEKA, KANSAS

Will pay to the order of Insured under its **Policy No. 23,619** or to the order of the assignee if assigned
THE SUM MENTIONED BELOW
 subject to the provisions of said policy, and provided premiums for the policy year beginning on said date shall have been paid in full.

\$ **3.70** *J. W. Edmunds* PRESIDENT

ANSWERS MADE TO THE MEDICAL EXAMINER

In continuation of and forming part of application for insurance in

THE KANSAS LIFE INSURANCE COMPANY, Topeka, Kans

PERSONAL HISTORY:

1. Date of birth? Oct. 9, 1915.

2. Race and nationality? White U. S. A.

3. Have you ever occupied the same house or room with a tubercular person?
(If so, state date and relationship of patient.)
no

4. State whether single, married, widowed, or divorced. single.
5. What, if any, changes in occupation or residence have been made, been advised to make, or contemplate making count of your health?
no

6. Have you ever been in any way connected with the manufacture or sale of alcoholic liquors?
no

7. Give details of present occupation school girl.

8. Have you ever been declined or postponed or limited by an insurance company?
no
9. Do you now use, or have you ever used whiskey, wine, beer, or other alcoholic beverage?
no If so, to what extent?

10. Have you ever used them to excess or intoxication?
no
11. Do you, or have you ever used opium, cocaine, or any other narcotic or habit-forming drug?
no

12. Have you ever taken or been advised to take treatment for liquor or drug habit?
no

HEALTH: (The examiner is expected to use care and interested effort in developing all signs and symptoms, and admissions of previous illness or impaired health.)

Illness	Number of Attacks	Date	Severity and Duration	Any Remaining Effects	Attending Physician's Name and Address
Measles	1	1918	Mild	no	none.
Chicken Pox	7	Whooping cough.			

14. Are you now in good health, as far as you know and believe?
yes.

15. Has any medical examiner or physician, formally or informally, expressed an unfavorable opinion as to your insurability or health?
no

16. Have you ever had, or been advised to have, any surgical operation?
no

17. Have you ever been under observation, care, or treatment in any hospital, sanitarium, asylum, or similar institution?
no

21. Have you now, or have you ever had, any other disease or injury?
no
Give details, dates, etc., of any history noted above:
none.
18. Has your weight increased or decreased in the past three years?
Natural gain.

19. Are you ruptured?
no (If so, give location and describe fully)
Is proper truss constantly worn?

20. Have you ever had any of the diseases mentioned in item 4 of Part III?
no

FAMILY RECORD: in giving cause of death or ill health, avoid indefinite terms.

22.	Living		Dead			
	Age	Health	Age	Year of Death	Cause of Death	How Long Sick?
Father	36	good.				
Mother	32	good.				
Whole No. Brothers	9	good.				
1						
Whole No. Sisters	3	good.				
1						

23. Have there ever been any cases of insanity, tuberculosis, epilepsy, or suicide in your family? If so, give details:
no

24. If applicant is a woman the following questions must be answered.

- a Give date of birth of your last child. - - - girl.

b Are you now pregnant?
no

c Have you ever had any miscarriages? - - -
(give dates and details.)
no

d Are the menstrual functions now regular?
not having it yet.

e Have you ever had a tumor or disease of breast, womb or ovaries?
no
- f Is anyone dependent upon you for support? (If so, give particulars.)
no

g Occupation of husband?

h Health of husband?

i Has he applied for insurance in this Company?

j In what other companies does he carry insurance and in what amount?

I hereby declare that all statements and answers as written or printed herein and in Part I of this application are full, complete and true, whether written by my own hand or not, and I agree that they are to be considered the basis of any insurance issued hereon. I hereby authorize any physician or other person who has or may attend me to disclose to said Insurance Company any information thus acquired.

Dated at Abilene, Tex. this 28 day of May 1927.

Witness: Andrew J. Pepe M. D. Katie Ruth Marguerite Graham. Applicant.

Signature of Medical Examiner. Signature of Party Examined, exactly as it appears in Part I of Application

Signature of legal guardian if applicant is a Minor.

GENERAL PROVISIONS.

(1) Only the President, Vice-President or Secretary has power in behalf of the Company (and then only in writing) to make or modify this or any contract of insurance, or to extend the time for paying any premium, and the Company shall not be bound by any promise or representation heretofore or hereafter given by any agent or person other than the above. (2) If the age of the insured is mis-stated the amount payable hereunder shall be such as the premium paid would have purchased under this policy at the true age of the Insured. (3) In event of self-destruction during the first insurance year, whether the Insured be sane or insane, the insurance under this policy shall be a sum equal to the premiums thereon which have been paid to and received by the Company, and no more. (4) Death while participating in any submarine or aeronautic expedition or activity, either as a passenger or otherwise, or as a result of so participating, and during the first policy year, shall render the Company liable only for a return of all premiums paid to and received by the Company. (5) This policy and any and all insurance allowed under or by virtue hereof shall be non-participating and shall not participate in the Company's surplus nor in any profit or dividend earned or apportioned by the Company. (6) Any assignment of this policy must be made and sent to the Home Office in duplicate, one copy to be retained by the Company and one copy to be returned. The Company assumes no responsibility for the validity of any assignment. (7) This policy is payable at the Home Office of the Company in Topeka, Kansas. Before any amount shall be paid hereunder, proof of the interest of the claimant must be furnished, and any indebtedness to the Company hereon, including, in the case of a death claim, the amount, if any, necessary to complete the premium for the current policy year, must be settled. (8) This policy and the application herefor (a copy of which application is attached hereto) constitute the entire contract between the parties. All statements made by the insured shall in the absence of fraud be deemed representations and not warranties, and no such statement shall void this policy unless it is contained in such application.

This policy is issued with the express understanding that the Insured may, without the consent of the Beneficiary, receive every benefit, exercise every right and enjoy every privilege conferred upon the Insured by this policy.

THIS POLICY is issued in consideration of the payment in advance of \$ 25.23, being the premium to provide for one year's term insurance for the year beginning on the 14TH day of JUNE, 1927, which is the first policy year, and in further consideration of the payment in advance of a renewal premium of the same amount on the anniversary of said date in every year thereafter during the continuance of this policy until premiums for twenty full years, including the first, shall have been paid or until the prior death of the insured.

In Witness Whereof, THE KANSAS LIFE INSURANCE COMPANY has, by its President and Secretary, executed this policy at Topeka, Kansas, this 14TH day of JUNE, 1927

F. H. Scholle
Secretary.

J. H. Edwards
President.

W. H. W. W. W.
Registrar.



MIDLAND LIFE

INSURANCE COMPANY

KANSAS CITY, MISSOURI

ISSUED TO

BEN L. GRAHAM

OF SWEETWATER, TEXAS

AMOUNT \$ 2000

ANNUAL PREMIUM \$ 63.80

DATE JUNE 7TH, 19 22

NOTICE

IN EVENT OF DEATH. NOTICE SHOULD BE GIVEN IMMEDIATELY TO THE COMPANY AT KANSAS CITY, MISSOURI.

IT IS NOT NECESSARY FOR THE INSURED OR THE BENEFICIARY TO EMPLOY ANY PERSON TO COLLECT ANY BENEFIT PROVIDED IN THEIR CONTRACT. TIME AND EXPENSE WILL BE SAVED BY WRITING DIRECT TO THE COMPANY OR ITS AGENT.

PAID TO BENEFICIARY'S ESTATE CO. K.C. MO.

AGENT R. L. MC CAULLEY

NOTICE

READ THIS CAREFULLY.

This Policy is Your Property And A Valuable Asset.

DO NOT SACRIFICE the money you have invested because of the statement of a person who tries, for his own personal gain, to induce you to replace it by a new policy.

Require him to make his statements or proposition in writing and submit it to this office. We will analyze it and report to you.

IF YOU DESIRE ANY CHANGE in insurance, in the manner of premium payments, a different kind of policy, your policy reduced or increased; or, if you are in doubt on any point in connection with this policy, please communicate with the Home Office of the Company.

BY CONTINUING THIS POLICY you always retain the advantage of your younger age at the time of issue, and the correspondingly lower rate of premium. No new insurance can restore your original age.

Our services are at your command.

ADDRESS

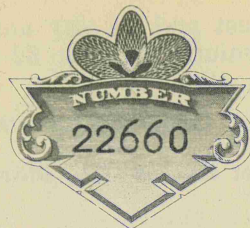
R. L. McCAULLEY
MANAGER FOR WESTERN TEXAS
SWEETWATER, TEXAS

OR

Midland Life Insurance Company

SHARP BUILDING,

KANSAS CITY, MO.



20-PAYMENT LIFE
NON-PARTICIPATING
GUARANTEED INCREASING BENEFITS

POLICY
MIDLAND
LIFE
INSURANCE COMPANY

KANSAS CITY, MISSOURI

ISSUED TO

BEN L. GRAHAM

OF SWEETWATER, TEXAS

AMOUNT \$ 2000

DATE JUNE 7TH, 1922

NOTICE

IN EVENT OF DEATH, NOTICE SHOULD BE GIVEN IMMEDIATELY TO THE COMPANY AT KANSAS CITY, MISSOURI.

IT IS NOT NECESSARY FOR THE INSURED OR THE BENEFICIARY TO EMPLOY ANY PERSON TO COLLECT ANY BENEFIT PROVIDED IN THIS CONTRACT. TIME AND EXPENSE WILL BE SAVED BY WRITING DIRECT TO THE COMPANY OR ITS AGENT

Received of the *Midland Life Insurance Company*
Kansas City, Missouri

in full for all claims under this Policy, No. _____ now terminated by

In the presence of

EXPRESS MAILING ENVELOPE
QUALITY PARK ENVELOPE CO.

IF NOT DELIVERED IN FIVE DAYS
RETURN TO

AMERICAN LIFE INSURANCE CO.

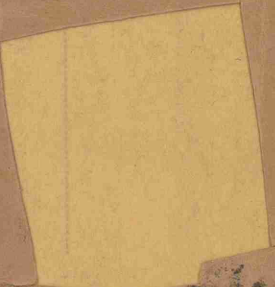
P. O. BOX 219
NEW ORLEANS, LA., U. S. A.

Palmer, Tex.

Mr. Geo. L. Graham,

Route # 3,

Abilene, Texas



Options at the Death of the Insured

The Insured, by written notice to the Company, at its Home Office, and with the written consent of the assignee and irrevocable beneficiary, if any, may elect that the net sum payable under this policy at the death of the Insured shall be payable either in cash or as follows:

OPTION 1. On demand of the beneficiary, as may be directed by the Insured in the said notice; interest on the said net sum, at the rate of three and one-half per cent. to be paid by the Company annually to the beneficiary until the said net sum is paid on the said demand.

OPTION 2. By the payment of equal annual or monthly instalments for a specified number of years to the beneficiary or executors thereof, the first instalment being payable immediately, in accordance with the following table for each \$1,000 of the said net sum. (See table, Option 2.)

OPTION 3. By the payment of equal annual or monthly instalments, the first instalment being payable immediately, for a fixed period of twenty years, to the beneficiary or executors thereof, the said payments to continue during the life of the beneficiary after the said fixed period. (See table, Option 3.)

Unless otherwise specified by the Insured, the beneficiary may, on any interest date, receive the amount of the said net sum yet due under Option 1, or may, at any time, receive the commuted value of payments yet to be made, computed upon the same basis as Option 2 in the following table, provided that no such commutation will be made under Option 3, except after the death of the beneficiary occurring within the aforesaid twenty years.

LIMITED INCOME OPTION 2			LIFE INCOME OPTION 3		
Income limited to one of the periods stated below; any number of years, from 5 to 30 may be selected.			Income to be paid for at least 20 years, but to continue during entire life-time of beneficiary.		
Number of Years Payable	Amount of Annual Income per \$1,000 Ins.	Amount of Monthly Income per \$1,000 Ins.	Attained Age of Beneficiary at Time of First Payment	Amount of Annual Life Income per \$1,000 Ins.	Amount of Monthly Life Income per \$1,000 Ins.
5	\$214	\$18.19	21 or Under	\$42	\$3.57
6	181	15.39	22	43	3.66
7	158	13.43	23	43	3.66
8	140	11.90	24	43	3.66
9	127	10.80	25	44	3.74
10	116	9.86	26	44	3.74
11	107	9.10	27	44	3.74
12	100	8.50	28	45	3.83
13	94	7.99	29	45	3.83
14	88	7.48	30	45	3.83
15	84	7.14	31	46	3.91
16	80	6.80	32	46	3.91
17	76	6.46	33	47	4.00
18	73	6.21	34	47	4.00
19	70	5.95	35	48	4.08
20	68	5.78	36	48	4.08
21	65	5.53	37	49	4.17
22	63	5.36	38	49	4.17
23	61	5.19	39	50	4.25
24	60	5.10	40	50	4.25
25	58	4.93	41	51	4.34
26	57	4.85	42	52	4.42
27	55	4.68	43	52	4.42
28	54	4.59	44	53	4.51
29	53	4.51	45	54	4.59
30	52	4.42	46	54	4.59
			47	55	4.68
			48	56	4.76
			49	56	4.76
			50	57	4.85
			51	58	4.93
			52	58	4.93
			53	59	5.02
			54	60	5.10
			55	60	5.10
			56	61	5.19
			57	62	5.27
			58	62	5.27
			59	63	5.36
			60	63	5.36
			61	64	5.44
			62	64	5.44
			63	64	5.44
			64	65	5.53
			65 or Over	65	5.53

UNITED STATES
OF AMERICA

22660

\$2000



MIDLAND

LIFE INSURANCE COMPANY

AGE

31

KANSAS CITY, MISSOURI

PREMIUM

\$ 63.80

By this Policy of Insurance

THE
AMOUNT

Agrees to pay TWO THOUSAND Dollars,
at its Home Office in Kansas City, Missouri,

THE
BENEFICIARY

to EDDIE A. GRAHAM
WIFE OF THE INSURED

or to such other beneficiary as may be designated by the Insured, or if no designated beneficiary survive, then to the executors, administrators or assigns of the Insured, upon receipt at its Home Office of due proof of the claimant's right and of the death

THE
INSURED

of BEN L. GRAHAM
(the Insured) during the continuance of this policy.

STATE OF MISSOURI INSURANCE DEPARTMENT

THIS POLICY IS REGISTERED AND SECURED BY A PLEDGE OF BONDS OR
DEEDS OF TRUST ON REAL ESTATE, DEPOSITED WITH THIS DEPARTMENT.

JEFFERSON CITY, Mo.,

19

Bess L. Hyde
SUPERINTENDENT.

BY

H.M. Griffith
DEPUTY SUPT.

In case of Suicide, committed while sane or insane, within one year from the date on which this insurance begins, the limit of recovery hereunder shall be the total amount of the premiums paid.

THIS POLICY IS INCONTESTABLE AFTER ONE YEAR IF ALL PREMIUMS SHALL HAVE BEEN DULY PAID.

NON-FORFEITURE AND LOAN PROVISIONS

Automatic Extended Insurance

If any premium shall not be paid on or before the date when due, the insurance hereunder will automatically continue for the full amount hereof, from said due date as term insurance during the term, including the period of grace, specified in column three of the accompanying table.

Paid-up Insurance

In lieu of such term insurance, the Company will endorse on this policy the amount of paid-up life insurance, if any, specified in column two of the accompanying table, upon written request therefor made by the Insured within six months from said due date.

Loans

At any time when this policy shall be in force after the payment of two full years premiums, the Company will loan to the insured (or the owner of the policy, if assigned) upon proper assignment of the policy and upon the sole security thereof, all or any part of a sum equal to the cash value at the end of the current policy year less any unpaid portion of the full premium for the said year. Such loan shall be interest at a rate not exceeding 6 per centum per annum, payable in advance. Failure to repay any such loan or to pay interest thereon shall not avoid this policy until the total indebtedness thereon to the Company shall equal or exceed the loan value at the time of such failure, not until one month after notice shall have been mailed to the last known address of the Insured or of the Assignee of record, if any, at the Home Office of the Company.

Cash Value

Upon written request, and on surrender of this policy, the Company will pay the cash value, if any, specified in column one of the accompanying table, which is the net value of the extended or paid-up insurance, stated herein.

If any indebtedness to the Company on account of this policy exists at the time the above values become available, such indebtedness shall reduce the amount of the said loan, cash, or paid-up values or shall shorten the extended insurance period, which values or period shall then be adjusted on the basis originally used in their calculation.

The term insurance specified above shall not be subject to cash loans.

The paid-up insurance shall be subject to cash loans.

The cash value and the net value of the term insurance and paid-up insurance specified herein shall not be less than the reserve on the policy at the end of the year for which premiums are paid.

TABLE OF GUARANTEED VALUES									
END OF POLICY YEAR	LOAN OR CASH VALUE	PAID-UP INSURANCE	AUTOMATIC EXTENDED INSURANCE AND CASH	DEATH BENEFIT PAYABLE	END OF POLICY YEAR	LOAN OR CASH VALUE	PAID-UP INSURANCE	AUTOMATIC EXTENDED INSURANCE AND CASH	DEATH BENEFIT PAYABLE
	COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4		COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4
			YEARS MONTHS CASH					YEARS MONTHS CASH	
2	\$ 46	\$ 128	2 10 \$	\$ 2022	11	\$ 552	\$ 1288	27 4 \$	\$ 2230
3	\$ 94	\$ 256	5 10 \$	\$ 2044	12	\$ 620	\$ 1418	29 0 \$	\$ 2252
4	\$ 144	\$ 388	9 2 \$	\$ 2070	13	\$ 692	\$ 1546	30 8 \$	\$ 2276
5	\$ 196	\$ 514	12 7 \$	\$ 2088	14	\$ 766	\$ 1674	32 5 \$	\$ 2300
6	\$ 250	\$ 646	15 11 \$	\$ 2114	15	\$ 842	\$ 1804	34 10 \$	\$ 2326
7	\$ 306	\$ 774	18 10 \$	\$ 2136	16	\$ 920	\$ 1930	38 5 \$	\$ 2348
8	\$ 364	\$ 904	21 5 \$	\$ 2160	17	\$ 1004	\$ 2062	LIFE \$ 30	\$ 2374
9	\$ 422	\$ 1030	23 6 \$	\$ 2180	18	\$ 1092	\$ 2192	" \$ 96	\$ 2402
10	\$ 486	\$ 1162	25 6 \$	\$ 2206	19	\$ 1182	\$ 2322	" \$ 164	\$ 2428
					20	SEE OPTIONS BELOW.			

In case of default in payment of a premium after a fractional part of the current year's premium has been paid the above values will be proportionately adjusted. Loan and cash values for any subsequent years not shown above will be the full reserve on this policy and will be furnished on request of the insured.

DEATH BENEFIT PAYABLE

In the event of the death of the Insured during the premium paying period, the amount payable to the beneficiary is the amount shown in Column 4, of the "Table of Guaranteed Values" above, for the year in which death occurs.

GUARANTEED VALUES AT THE END OF 20 YEARS

If all the premiums on this policy shall have been paid in full, and no indebtedness to the Company on account of this policy exists, the insured may then have the choice of one of the following options, on surrender of this policy.

Option I

Surrender this policy and draw in cash.....\$ 1276

Option II

Convert this policy (without medical examination) into a fully paid Non-Participating life policy of \$ 2452

Option III

Convert this policy (without medical examination) into a fully paid Non-Participating life policy of \$ 2000

And draw in cash.....\$ 236

ANSWERS MADE TO THE MEDICAL EXAMINER

In continuation of and forming a part of my Application for insurance
in the MIDLAND LIFE INSURANCE COMPANY, Dated

warrant, on behalf of myself and of any person who shall have or claim any interest in any policy issued hereunder, each of the answers to be full, complete and true, and that to the best of my knowledge and belief I am a proper subject for life insurance.

I expressly waive, on behalf of myself and of any person who shall have or claim any interest in any policy issued hereunder, all provisions of law forbidding any physician or other person who has attended or examined me, or who may hereafter attend or examine me, from disclosing any knowledge or information which he thereby acquired.

Signed _____ M. D.
by _____ Medical Examiner
Signature of Person Applying for Insurance

Payment of Premiums

which time the policy shall remain in full force, will be allowed in payment

Keinstatement

de at any time after the non-payment of any premium, except when surrend
ty and payment of the unpaid premiums with interest not exceeding 6 per
standing at the time of the non-payment of the unpaid premium, with interest

Age of Beneficiary

e) subject to any existing assignment of this policy and during its continuance, by filing written notice thereof at the Home Office of the Company, accompanied by a copy of the policy.

veral Provisions

d the time for payment of premiums, nor can the policy be varied or altered or its conditions modified by any agreement between the Company, signed by the President or Secretary, or, in their absence or incapacity, by any other officer or agent, who may be delegated. (2) If the age of the Insured shall have been incorrectly stated in the application, the premium shall be computed at the rate which the actual premium paid would have purchased at the true age of the Insured at the date of issue of the policy in the State in which this policy shall be delivered. (3) If any premium shall not be paid on or before the day specified, the policy shall be void only as hereinbefore provided. (4) No assignment hereof shall be binding upon the Company until it has been approved by the Policy or attached hereto, nor unless a duplicate shall be furnished to the Company forthwith after the assignment. The validity of any such assignment. Any claim made under an assignment shall be subject to the approval of the Company, including any balance of the premium for the insurance year remaining unpaid, and the reserve on this policy shall be computed by the first year preliminary term method, based on the Standard American Table delivered, and the American Table of Mortality and 3½ per cent interest, for purposes of paying benefits. (7) This policy and application therefor (a copy of which application is attached to this policy) shall constitute the statements of the insured in the said application shall, in the absence of fraud, be deemed to be true and correct for all purposes of this policy unless it be contained in the written application therefor and a copy of such application shall be filed with the Commissioner.

Premiums

This contract is issued in consideration of the written and printed application which is made a part thereof, and of the payment

SIXTY THREE

80

and.....Dollars, in advance, the receipt of which is hereby acknowledged, as

premium for an insurance commencing on the 7TH day of JUNE, 1922, and terminating on

7TH day of JUNE 1923 and will be renewed as a limited payment life policy upon fur

_____ day of _____, 19-2-, and will be renewed as a limited payment life policy upon further payment of a like amount on or before the said date at the Home Office of the Company, or upon the presentation of a receipt for same amount signed by the Secretary and countersigned by an authorized agent of the Company subject to all the provisions herein every year thereafter for twenty years from the date of this policy, or until the prior death of the Insured.

The Insured shall have the privilege, on written request and on any anniversary of the date of this policy, of paying the premium hereon semi-annually or quarterly, and such semi-annual premiums shall be 52 per cent. and such quarterly premiums 26½ per cent. of annual premium payable hereunder.

IN WITNESS WHEREOF, The Midland Life Insurance Company has caused this policy to be signed by its President and Secretary or Assistant Secretary at the Home Office of the Company at Kansas City, Missouri, this 15TH day of JUNE, 1919.

W B May
Secretary

Samuel Boone Jr.
President

Examined and Countersigned

By Mayme Jones

I Hereby Declare that I have paid to _____

his receipt for the same, made up, without alteration, on the receipt form detached from and corresponding in date with this Application. I assent to the terms of said receipt.

(Signature of Applicant)

Grace in Payment of Premiums

A grace of thirty-one days, without interest, during which time the policy shall remain in full force, will be allowed in payment of all premiums after the first.

Reinstatement

This policy may be reinstated on written application made at any time after the non-payment of any premium, except when surrendered for its cash value, subject to satisfactory evidence of insurability and payment of the unpaid premiums with interest not exceeding 6 per cent. per annum as well as the repayment of any indebtedness outstanding at the time of the non-payment of the unpaid premium, with interest.

Change of Beneficiary

When the right of revocation has been reserved, or in case of death of any beneficiary under either a revocable or irrevocable designation, the insured may (at any time, and from time to time) subject to any existing assignment of this policy and during its continuance designate a new beneficiary with or without right of revocation, by filing written notice thereof at the Home Office of the Company, accompanied by the policy for a suitable endorsement thereon.

General Provisions

(1) No Agent can make, alter or discharge this policy or extend the time for payment of premiums, nor can the policy be varied or altered or its conditions waived or extended in any respect, except by the written agreement of the Company, signed by the President or Secretary, or, in their absence or incapacity, of the Vice-Presidents or Assistant Secretary, whose authority will not be delegated. (2) If the age of the Insured shall have been incorrectly stated in the application for this policy, the amount payable hereunder shall be the insurance which the actual premium paid would have purchased at the true age of the Insured unless a different method of adjustment be required by the laws of the State in which this policy shall be delivered. (3) If any premium shall not be paid on or before the date when due, the liability of the Company hereunder shall be only as hereinbefore provided. (4) No assignment hereof shall be binding upon the Company unless made by an instrument in writing endorsed upon this policy or attached hereto, nor unless a duplicate shall be furnished to the Company forthwith upon its execution. The Company shall not be held responsible for the validity of any such assignment. Any claim made under an assignment shall be subject to proof of interest and extent thereof. (5) Any indebtedness to the Company, including any balance of the premium for the insurance year remaining unpaid, shall be deducted in any settlement of this policy or of any benefit thereunder. (6) The reserve on this policy shall be computed by the first year preliminary term method on the basis required by the law of the State in which this policy is delivered, and the American Table of Mortality and 3½ per cent interest, for purposes of policy valuation and calculation of premiums and loans and surrender value benefits. (7) This policy and application therefor (a copy of which application is attached hereto) constitute the entire contract between the parties thereto. All statements of the insured in the said application shall, in the absence of fraud, be deemed representations and not warranties, and no such statement shall avoid this policy unless it be contained in the written application therefor and a copy of such application be attached to the policy when issued.

Premiums

This contract is issued in consideration of the written and printed application which is made a part thereof, and of the payment of

SIXTY THREE

and 80
100

Dollars, in advance, the receipt of which is hereby acknowledged, as

premium for an insurance commencing on the 7TH day of JUNE, 1922, and terminating on

7TH day of JUNE, 1923, and will be renewed as a limited payment life policy upon further payment of a like amount on or before the said date at the Home Office of the Company, or upon the presentation of a receipt for the same amount signed by the Secretary and countersigned by an authorized agent of the Company subject to all the provisions herein, every year thereafter for twenty years from the date of this policy, or until the prior death of the Insured.

The Insured shall have the privilege, on written request and on any anniversary of the date of this policy, of paying the premium hereon semi-annually or quarterly, and such semi-annual premiums shall be 52 per cent. and such quarterly premiums 26½ per cent. of the annual premium payable hereunder.

IN WITNESS WHEREOF, The Midland Life Insurance Company has caused this policy to be signed by its President and Secretary or Assistant Secretary at the Home Office of the Company at Kansas City, Missouri, this 15TH day of JUNE, 1922.

[Signature]
Secretary

[Signature]
President

Examined and Countersigned

By *[Signature]*